

General Information



Why Teach About the Prevention of HIV and Other Sexually Transmitted Infections?

The Centers for Disease Control and Prevention (CDC) has identified six categories of behaviors that cause the most adverse health and social outcomes for youth and adults. They monitor these priority health-risk behaviors among youth and young adults at the national, state, and local levels by administering the Youth Risk Behavior Survey every two years. These are the risk behavior categories:

- Unhealthy dietary behaviors
- Physical inactivity
- Tobacco use
- Alcohol and other drug use
- Behaviors that contribute to unintentional injuries and violence, including suicide
- Sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection

If we could improve the health behaviors of individuals in these six categories, the health of children, youth, and adults across the nation would dramatically improve. One of these six critical behaviors is sexual behavior that results in negative outcomes. An unintended pregnancy or infection with sexually transmitted diseases, including HIV, can alter the course of a young person's life, or even shorten it. *Growing Up and Staying Healthy: Understanding HIV and Other STIs* teaches students the knowledge and skills they need to avoid sexual behaviors that can damage their health and prevent them from reaching their full potential.

Sexually Transmitted Infections, Including HIV

According to the CDC, young people ages 15 to 24 account for almost half of the new cases of sexually transmitted infections that occur each year. (CDC, 2018) In 2017, youth aged 13 to 24 made up 21% of the 38,739 new HIV diagnoses in the United States (CDC, 2018)

Because sexually transmitted infections (STIs) are transmitted almost exclusively by behavior that individuals can modify, educational programs to influence relevant behavior can be effective in preventing the spread of HIV and other STIs. CDC's Division of Adolescent and School Health (DASH) developed



“Guidelines for Effective School Health Education to Prevent the Spread of AIDS.” These guidelines recommend HIV prevention education that addresses the needs of three groups of young people as outlined below:

The principal purpose of education about AIDS is to prevent HIV infection. The content of AIDS education should be developed with the active involvement of parents and should address the broad range of behavior exhibited by young people. Educational programs should assure that young people acquire the knowledge and skills they will need to adopt and maintain types of behavior that virtually eliminate their risk of becoming infected.

School systems should make programs available that will enable and encourage young people who have not engaged in sexual intercourse and who have not used illicit drugs to continue to

- Abstain from sexual intercourse until they are ready to establish a mutually monogamous relationship within the context of marriage.
- Refrain from using or injecting illicit drugs.

For young people who have engaged in sexual intercourse or who have injected illicit drugs, school programs should enable and encourage them to

- Stop engaging in sexual intercourse until they are ready to establish a mutually monogamous relationship within the context of marriage.
- To stop using or injecting illicit drugs.

Despite all efforts, some young people may remain unwilling to adopt behavior that would virtually eliminate their risk of becoming infected. Therefore, school systems, in consultation with parents and health officials, should provide HIV prevention education programs that address preventive types of behavior that should be practiced by persons with an increased risk of acquiring HIV infection. Effective school-based HIV/STD prevention programs tend to be those that:

- are delivered by trained instructors
- are age appropriate
- include such components as skill-building lessons and support of healthy behaviors in school environments
- involve parents, youth serving organizations, and health organizations (CDC 2010)

Federal Government and National Organizations Support HIV and Other STI Prevention Education

CDC's Division of Adolescent and School Health (DASH) supports the development and implementation of effective health promotion policies and programs that address priority health risks among youth, including sexual behaviors that can result in HIV and other STIs, and pregnancy. For a list of the states and communities funded to prevent HIV, visit <http://www.cdc.gov/HealthyYouth/partners/funded/HIV.htm>.

In Healthy People 2020, the U.S. Department of Health and Human Services has identified leading health indicators that are intended to motivate citizens and communities to take actions to improve the health of individuals, families, communities and the Nation. Reducing new HIV infections is one of the leading health indicators.

The objectives selected to measure progress among adolescents and adults for this Leading Health Indicator are presented below. These are only indicators and do not represent all the responsible sexual behavior objectives in Healthy People 2020.

- HIV-1 Reduce the number of new HIV infections among adolescents and adults
- HIV 2 Reduce the rate of HIV transmission among adolescents and adults

The Joint Committee on National Health Education Standards developed health education standards for schools to achieve. The National Health Education Standards (NHES) are written expectations for what students should know and be able to do by grades 2, 5, 8, and 12 to promote personal, family, and community health. The standards provide a framework for curriculum development and selection, instruction, and student assessment in health education, including HIV and other STIs prevention.

The National School Board Association¹ supports health education and programming for schools. Their School Health Department offers many supportive articles to support schools in implementing policies and programs that reduce infection with HIV and STIs. The *American School Board Journal*² also offers resources.

The National Association of State Boards of Education (NASBE)³ urges schools to take on issues related to sexual behaviors that result in disease and pregnancy because of their public health, economic, and academic impacts. NASBE maintains a database of state policies on "HIV, STD, and Pregnancy Prevention Education."⁴ They also published *The Impact of Adolescent*

¹ Visit the National School Board Association website at www.nsba.org.

² Visit the *American School Board Journal* website at <https://www.nsba.org/ASBJ>.

³ Visit the National Association of State Boards of Education website at <http://nasbe.org/>.

⁴ View NASBE's policy database at <https://statepolicies.nasbe.org/health>.



Pregnancy & Parenthood on Educational Achievement in 2000 and *Someone at School Has AIDS: A Complete Guide to Education Policies Concerning HIV Infection* in 2001 to assist schools in addressing these issues.

Action for Healthy Kids (AFHK)⁵ is a national nongovernmental organization that has organized teams in every state to develop and implement state action plans for improving school policies and programs in nutrition and physical activity. AFHK offers a variety of helpful tools, including fact sheets, slide presentations, and an online searchable resource database.

School Policy Offers Support for HIV and Other STI Prevention Education

Michigan's State Board of Education adopted a policy designed to encourage schools to implement sexuality education programs that prevent HIV, STIs, and unintended pregnancy. The "Policy to Promote Health and Prevent Disease and Pregnancy"⁶ provides guidance to schools in developing an effective program. Other states also have policies that can be used to develop local school board policies in support of evidence-based HIV and STI prevention programs. Michigan has adopted state health education standards and grade level expectations addressing HIV and other STIs education.

Legal Requirements

Most states have laws that affect the provision of HIV and other STIs prevention education in public schools. For example, Michigan law requires HIV prevention be taught in public schools. It is important to be familiar with the legal requirements and any limitations that influence what may and may not be taught, who may teach, and how HIV education instruction must be delivered.

Appendix A, "A-K Criteria Addressed in *Growing Up and Staying Healthy: Understanding HIV and Other STIs* identifies how the legal requirements for curriculum are addressed in this module.

What Works to Prevent Sexually Transmitted Infections

Characteristics of Effective Programs

Many strategies and approaches have been implemented to try to prevent teen pregnancy and infection with HIV and other STIs. Some have worked and some have not. Especially with a topic as sensitive as the sexual behavior of adolescents, well-meaning people hold a variety of views about what should be done to solve the problem. However, in this arena, as in any other educational or public health program, it is important to rely on data to discover what is effective.

Dr. Douglas Kirby has conducted a meta-analysis of dozens of research projects that have measured the effectiveness of sex education and HIV/AIDS prevention programs to determine what factors impacted the sexual behavior of youth under

⁵ Visit the Action for Healthy Kids website at www.actionforhealthykids.org.

⁶ http://www.michigan.gov/documents/mde/SBE_Sex_Ed_Policy_and_Resources_249446_7.pdf

age 24. In *Emerging Answers 2007*, he defined effective programs as those that did one or more of the following:

- Delay the initiation of sexual intercourse
- Increase condom use
- Increase contraceptive use
- Reduce frequency of intercourse
- Reduce the number of sex partners
- Reduce the pregnancy rate (Kirby, 2007)

This research disclosed the following characteristics of effective curriculum-based programs⁷:

One set of characteristics is found in the process of developing the curriculum:

1. Involved multiple people with expertise in theory, research, and sex and STD/HIV education to develop the curriculum.
2. Assess relevant needs and assets of the target group.
3. Used a logic model approach to identify health goals, behaviors affecting those goals, risk and protective factors related to the behavior, and activities to change the risk and protective factors.
4. Designed activities consistent with community values and available resources, such as staff time and skills, facility space, and supplies.
5. Pilot-tested the program.

The second set of characteristics pertains to the contents of the curriculum:

6. Focused on clear health goals: prevention of HIV/STD, pregnancy, or both.
7. Focused on specific behaviors leading to these health goals, gave clear messages about the behaviors, and addressed situations that might lead to them and how to avoid them.
8. Addressed sexual psychosocial risk and protective factors that affect sexual behavior and changed them.
9. Created a safe social environment for young people to participate.
10. Included multiple activities to change each of the targeted risk and protective factors.
11. Used instructionally sound teaching methods to actively involve participants, help them personalize the information, and change targeted risk and protective factors.
12. Used activities, instructional methods, and behavioral messages that were appropriate for culture, developmental age, and sexual experience.
13. Covered topics in a logical sequence.

The last set of characteristics addresses the process of implementing the curriculum:

14. Secured at least minimal support from authorities.
15. Selected educators with desired characteristics, trained them, and provided monitoring, support, and supervision.
16. Implemented activities to recruit and retain participants and overcame barriers to their participation as needed.
17. Implemented virtually all activities with reasonable fidelity. (Kirby, 2007)

⁷ For a one-page handout on these characteristics, visit <http://www.thenationalcampaign.org/EA2007/>. The National Campaign to Prevent Teen and Unplanned Pregnancy, 1776 Massachusetts Ave. NW, Suite 200, Washington, DC 20036



Risk and Protective Factors for Sexual Behaviors

Additional research has identified specific risk factors that predict an increased likelihood that young people will engage in sexual intercourse at an earlier age than peers who do not have these risk factors. Conversely, young people who possess specific protective factors are less likely to engage in sexual intercourse than peers who lack protective factors. Whenever possible, sex education programs must seek to reduce the risk factors and increase the protective factors in teens' lives in order to encourage a delay in the onset of sexual activity.

CDC's "Guidelines for Effective School Health Education to Prevent the Spread of AIDS"⁸

The CDC has developed recommendations for schools to prevent the spread of HIV:

- Schools should allocate sufficient personnel time and resources to assure that policies and programs are developed and implemented with appropriate community involvement.
- Curricula must be well-planned and sequential.
- Teachers need to be well-trained.
- Up-to-date teaching methods and materials about AIDS must be available.
- Sufficient classroom time must be provided at each grade level to assure that students acquire essential knowledge appropriate for that grade level, and have time to ask questions and discuss issues raised by the information presented.

The criteria recommended in the "Guidelines for Effective School Health Education to Prevent the Spread of AIDS" are summarized in the following nine assessment criteria. Local school boards and administrators can assess the extent to which their programs are consistent with these guidelines by determining the extent to which their programs meet each point shown below:

1. To what extent are parents, teachers, students, and appropriate community representatives involved in developing, implementing, and assessing AIDS education policies and programs?
2. To what extent is the program included as an important part of a more comprehensive school health education program?
3. To what extent is the program taught by regular classroom teachers in elementary grades and by qualified health education teachers or other similarly trained personnel in secondary grades?
4. To what extent is the program designed to help students acquire essential knowledge to prevent HIV infection at each appropriate grade?
5. To what extent does the program describe the benefits of abstinence for young people and mutually monogamous relationships within the context of marriage for adults?
6. To what extent is the program designed to help teenage students avoid specific types of behavior that increase the risk of becoming infected with HIV?

⁸ <https://www.cdc.gov/mmwr/preview/mmwrhtml/00001751.htm>

7. To what extent is adequate training about AIDS provided for school administrators, teachers, nurses, and counselors—especially those who teach about AIDS?
8. To what extent are sufficient program development time, classroom time, and educational materials provided for education about AIDS?
9. To what extent are the processes and outcomes of AIDS education being monitored and periodically assessed?

Why This Module Was Developed

Model Health Curriculum

Michigan is the only state that has a model health curriculum for kindergarten through twelfth grade students. The curriculum addresses the national and state standards and grade level content expectations for health education. It also addresses the six risk behaviors the CDC has identified as being most likely to result in negative outcomes for youth. This module addresses HIV and other STI prevention at the middle school level. Michigan schools can meet their legal requirement for providing HIV education in middle school by adopting this module.

For more information on the legal requirements in Michigan, review the last section of this General Information tab.

Program Flexibility

While many HIV and STI prevention curricula are available, none were found to have the flexibility and proper balance of abstinence and risk reduction messages to meet the needs of the variety of Michigan schools.

Growing Up and Staying Healthy: Understanding HIV and Other STIs provides two options for implementation: abstinence-based or abstinence-only. Local school districts are encouraged to determine which type of HIV and other STI prevention curriculum best meets their needs and select from the following versions:

- abstinence-only, focusing exclusively on abstinence
- abstinence-based, including abstinence and condom information

For more information on these two approaches, review the Implementation section, “Terminology Used in the Module.”

Meet Needs of All Students

Both versions of *Growing Up and Staying Healthy: Understanding HIV and Other STIs* focus on abstinence as the safest and healthiest choice for school-aged youth. The abstinence-based version also teaches about risk reduction strategies for youth when they eventually become sexually active. Given that 46% of high school students in the U.S. (CDC, 2010) and 46% of high school



students in Michigan (Michigan Department of Education, 2010) report that they have had sexual intercourse, this two-pronged approach provides schools with a curriculum that is relevant to the needs and situations of all students.

A majority of parents also support an abstinence-based approach to HIV and STI prevention. Parent responses on an EPIC-MRA survey indicate that 70% of parents believe students should be taught about both abstinence and how to use condoms and other forms of contraception. (EPIC-MRA, 2004) In partnership with parents, approximately 80% of local education agencies that offer sex education have opted to take an abstinence-based approach. (Michigan Department of Education, 2006) Finally, research indicates that some abstinence-based sex education programs have delayed the onset of sex, reduced the frequency of sex, or reduced the number of sexual partners. (Kirby, 2007)

Health Education Standards

Our nation's educational leaders and educational leaders from many states have established standards for learning in various content areas. These standards guide the development and implementation of curriculum within local school districts. These standards are often used as measuring tools to determine how well our schools are teaching and our young people learning.

Growing Up and Staying Healthy: Understanding HIV and Other STIs addresses the 2007 National Health Education Standards. The Michigan Health Education Standards mirror these standards.

National Health Education Standards	Michigan Health Education Standards
Core Concepts (CC)	
Students will comprehend concepts related to health promotion and disease prevention to enhance health.	Students will apply health promotion and disease prevention concepts and principles to personal, family, and community health issues.
Analyzing Influences (INF)	
Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.	Students will analyze the influence of cultural beliefs, media, and technology on health.
Accessing Information (AI)	
Students will demonstrate the ability to access valid information and products and services to enhance health.	Students will access valid health information and appropriate health promoting products and services.
Interpersonal Communication (IC)	Social Skills (SS)
Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.	Students will demonstrate effective interpersonal communication and other social skills which enhance health.
Decision Making (DM)	Decision Making and Goal Setting (DM/GS)
Students will demonstrate the ability to use decision-making skills to enhance health.	Students will use goal-setting and decision-making skills to enhance health.
Goal Setting (GS)	
Students will demonstrate the ability to use goal setting skills to enhance health.	
Self Management (SM)	Health Behaviors (HB)
Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce risks.	Students will practice health enhancing behaviors and reduce health risks.
Advocacy (AV)	
Students will demonstrate the ability to advocate for personal, family, and community health.	Students will demonstrate advocacy skills for enhanced personal, family, and community health.

Appendix B, "National Health Education Standards Addressed Within *Growing Up and Staying Healthy: Understanding HIV and Other STIs*, identifies which standards are addressed within each lesson.



Health Education Grade Level Content Expectations for Grades 7 & 8

Building on the Health Education Standards, the Grade Level Content Expectations (GLCEs) for Grades 7 & 8 represent a vision for a relevant health education curriculum that addresses critical health knowledge and skills for successfully maintaining a healthy lifestyle during middle school and beyond. Students whose work is guided by these standards and guidelines will be prepared for responsible and healthful living, at school, at home, and in the workplace.

Growing Up and Staying Healthy: Understanding HIV and Other STIs addresses all of Michigan's Health Education GLCEs for Strand 6, HIV Prevention, and all but one of the recommended guidelines for Strand 7, Sex Education. The GLCEs are available by contacting the Michigan Department of Education, www.michigan.gov/mde

Appendix C, "Health Education Grade Level Content Expectations Addressed Within *Growing Up and Staying Healthy: Understanding HIV and Other STIs*," identifies which GLCEs are addressed.

State Board of Education Policy

The Boards of Education in many states have adopted policies related to health education and services. For example, the Michigan State Board of Education has adopted the following HIV and STI prevention-related policies:

- "Policy to Promote Health and Prevent Disease and Pregnancy." (Michigan Department of Education, 2003b) *Growing Up and Staying Healthy: Understanding HIV and Other STIs* is consistent with this policy's recommendation that sex education should address the needs of all students, including those at greatest risk for HIV and STIs.
- "Policy on Michigan School Health Programs to Support Academic Achievement" (Michigan Department of Education, 2003a)
- "Policy on Comprehensive School Health Education" (Michigan Department of Education, 2004)

National Relevance

Although this module was developed for Michigan's schools, it is adaptable and relevant for all schools. The *Michigan Model*™ curriculum for kindergarten through twelfth grades has been implemented in many states across the nation.

Themes of This Module

The following themes are woven throughout *Growing Up and Staying Healthy: Understanding HIV and Other STIs*:

- HIV and STIs are fully preventable conditions.
- Sexual behaviors have consequences. Before engaging in sex or other high risk behaviors, each individual should know the possible consequences, how to eliminate or reduce negative consequences, and how to make the best decision for his or her situation.
- Each individual is responsible for his or her own behavior and health.
- Young people have the power to control their personal behavior. When they are equipped with the knowledge and skills they need, they are better able to make informed decisions.
- Abstinence is the safest and healthiest choice for young people; therefore, it is the primary emphasis. Since studies show that young people are engaging in sexual risk behaviors at earlier ages, information on risk reduction is also included.
- Parents and families are the first and primary sexuality educators of their children. Every family's values and behaviors are powerful models and motivators for their children's sexual decisions and behaviors. Encouraging and equipping parents and families to wield their influence will result in healthier behaviors among young people.
- Families and schools working together are more effective than either working in isolation.

Assumptions

Growing Up and Staying Healthy: Understanding HIV and Other STIs was developed based on the following assumptions:

- Schools believe that health and learning are inextricably linked. They recognize that healthy students make better learners.
- Schools are working with a diverse student population and want to meet the educational needs of all students in a safe, supportive, and inclusive environment.
- Students have already received sex education that addresses foundational information, such as puberty, reproductive health, and reproductive anatomy and physiology.
- Students have received or will receive instruction on healthy relationships, and prevention of relationship violence and drug abuse.
- Sexuality is lifelong; it is a facet of every individual's makeup.
- Schools want to work in partnership with parents and communities.
- This curriculum should be taught in the context of a comprehensive health education program.



Legal Requirements and Limitations for Teaching HIV and STI Prevention

Most states have laws that affect HIV and STI prevention education in public schools. Prior to implementing this module, it is important to be familiar with the legal requirements and any limitations that influence what may and may not be taught, who may teach, and how sex education instruction must be delivered.

Michigan's HIV Prevention Education Laws

Michigan law requires HIV prevention be taught in public schools. Local school board approval is required for any HIV education in Michigan public schools. Teachers who will teach HIV education must complete approved professional development to receive their HIV certification.

Michigan law allows sex education to be taught in public schools. If schools teach sex education in addition to HIV prevention, they are required to form a sex education advisory group to make recommendations to the local school board as to what sex education is appropriate for the local school district. Then, the local school board must approve all sex education programming. This approval only needs to be secured once, unless the programming changes; then, it must receive school board approval on any changes. Michigan law specifies several topics that must be included in a sex education program and prohibits other topics. Teachers who will teach sex education must have a "health education" or "all subjects" endorsement on their teaching certificate.

Refer to Appendix D, "HIV/STI and Sex Education in Michigan Public Schools: A Summary of Legal Obligations and Best Practices," for a summary of Michigan's sex education laws. Appendix E, "Resources for Complying With Michigan's Sex Education Laws," lists teaching resources to assist public schools in addressing some of the topics required by Michigan law. Appendix A, "A-K Criteria Addressed in *Growing Up and Staying Healthy: Understanding HIV and Other STIs* identifies how the legal requirements for curriculum are addressed in this module.

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Implementation Details and Options



This section of the teacher’s manual will provide you with information on the conditions needed for effective implementation and an overview of the instructional and assessment strategies utilized in the module.

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Professional Development

Professional development is recommended prior to implementing *Growing Up and Staying Healthy: Understanding HIV and Other STIs*. Curriculum training equips teachers to implement the lessons with fidelity, thereby increasing the effectiveness of the program in preventing the negative consequences of early sexual activity. Given the sensitive nature of many of the topics addressed in HIV and STI prevention, teacher training should increase teachers' comfort and confidence in their ability to teach this subject. Teachers will also learn how to avoid potential pitfalls and controversies that might arise.

Michigan law states that teachers who will teach HIV education must complete approved professional development to receive their HIV certification.

Contact your Regional School Health Coordinator, district's Staff Development Department, or your state's Department of Education health consultant for information on staff development opportunities. To locate a list of the Michigan Regional School Health Coordinators, visit <https://mishca.org/where>.

Increasing and Maintaining Positive Health Behaviors

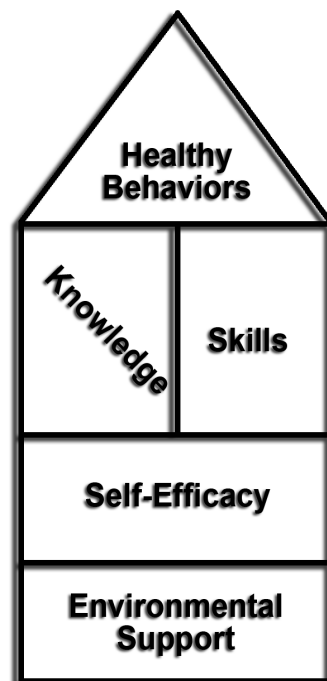
Many theories of behavior change exist, such as the Social Cognitive Theory, Social Influence Theory, and Social Behavioral Theory. The *Michigan Model for Health™* has merged several of these theories into an Adapted Health Belief Model consisting of four factors that contribute to behavior change: knowledge, skills, self-efficacy, and environmental support.

Adapted Health Belief Model

Behavior change is more likely to occur if these four factors are included in a health education program:

- **Knowledge:** A person must have information about health topics. Facts, related problems, and potential personal risks will influence a person's actions.
- **Skills:** A person must understand, practice, and be able to use skills that will promote health.
- **Self-efficacy:** A person must believe he or she has the ability to change behavior and impact health. Accurate knowledge and effective skills are both needed to impact a person's self-confidence and belief in his or her abilities.
- **Environmental Support:** The social environment, such as peer group, school, home, and community, must support and encourage the newly changed behaviors in order for a person to be able to use the knowledge and skills in daily living.

Omitting any of these four factors will lower the chances of reaching the goal of healthy behaviors.



Skills-Based Instruction

Educators are well versed in achieving knowledge gains. Mastery of health skills takes the willingness of the educator to set aside time for implementing the following four skills-based instructional steps:

Explain the Skill

- Name the skill
- State the purpose for using the skill
- Describe the parts and characteristics of each element of the skill
- Check for understanding

Model the Skill

- Choose one or more ways to model the skill:
 - Use a prepared example, such as a skit
 - Guide the students through an example
 - Provide opportunities to observe use of the skill
- Discuss the use of the skill and its personal benefits
- Check for understanding

Guided Practice

- Involve individuals or small groups in completing an example, such as a role play or case study
- Discuss in small and/or large group:
 - What was easy or hard about using the skill?
 - What was one thing you did well as you practiced the skill?
- Provide opportunities for self-assessment and any needed feedback and correction

Personalize the Use of the Skills

- Discuss, write, draw, or synthesize in another manner plans for application of the skill:
 - How will using the skill help you?
 - What is one skill you will use in the next day or week?
 - Where will you practice this skill in the next 24 hours?

Imagine teaching a child to ride a bicycle by explaining and modeling the skill, but omitting the practice portion of skill development. Some children would be able to ride; some would never master the skill; and others would not try. The same is true for the health skills that are so essential for positive health behaviors. Each of the four skills-based instructional steps are essential.

Qualities of Teachers Who Teach This Module

To be successful implementing the lessons in *Growing Up and Staying Healthy: Understanding HIV and Other STIs*, teachers should possess or develop the following characteristics and skills:

- Consider yourself a “guide on the side,” rather than a “sage on the stage.”
- Facilitate students’ acquisition of functional knowledge, rather than memorization of content.
- Facilitate skill development, cooperative learning, and student-led learning.



- Be comfortable with helping students process information, rather than giving right and wrong answers.
- Guide student discussions that lead to an educational goal.
- Exude passion for teaching lessons designed to promote healthy sexuality and prevent HIV and other STIs.
- Respect a diversity of perspectives, life situations, and experiences.
- Be willing to partner with parents in promoting healthy student behaviors.
- Locate and access relevant Internet and community resources for young people.

Parent and Family Involvement

A sample parent and family notification letter introducing *Growing Up and Staying Healthy: Understanding HIV and Other STIs* is included for your use. A copy is provided in Appendix F, or you can download the document from the flash drive that is included with this manual. This letter should be personalized and placed on school letterhead, then sent to the parents and families of your students. Attach the outline of the lessons that will be implemented in your classroom so that families will be informed about the content of your program. Be sure to provide contact information for family members who have questions about the curriculum and how it will be implemented. School websites can be useful in communicating with parents about this curriculum.

For Michigan and other states that have a legal requirement to notify parents prior to any HIV prevention instruction, this letter can meet that requirement. Even if your state law doesn't require you to inform parents, keeping parents informed increases community support for the program and increases the effectiveness of the instruction.

Family Homework Assignments

Growing Up and Staying Healthy: Understanding HIV and Other STIs includes six opportunities for involving parents and family members through the use of family worksheets and other homework assignments. Students are asked to review and discuss information with a parent, adult family member, or another trusted adult. Upon completion of the review, the parent or adult signs the sign-off slip at the bottom of the sheet to indicate their participation. To maintain family privacy, the student does not turn in any notes from the parent-child assignment, only the sign-off slip.

It is important that you encourage students to identify a parent, an adult family member, or another trusted adult with whom to review the family worksheets and homework assignments. For students who do not have an available parent or family member, guide them in thinking about other adults who could participate with them: school counselors, youth workers, coaches, religious leaders, neighbors, or teachers. Young people who have connections with caring adults are less likely to engage in risky behaviors than those who do not have the support of adults. These assignments encourage students to forge these supportive relationships.

To encourage students to participate in the family homework assignments, provide an incentive, such as bonus points toward their grade. Allow students extra time to complete the assignment in case their parents aren't available every night, or their schedules don't allow them to complete the assignment until the weekend.

Teacher Resources

For lessons that require the teacher to have additional background information in order to implement the lesson, the information is provided as teacher references following the lesson.

Additional teacher information that is useful for implementing the module, but is not specific to a lesson's activities, is found as appendices at the back of this teacher manual. Appendices are listed in the Materials List in the "Introduction" section of this manual, after the "Appendices" tab, and in the lessons to which they correspond.

Michigan teachers will find the following Michigan-specific appendices helpful:

- Appendix A: A-K Correlation With *Growing Up and Staying Healthy: Understanding HIV and Other STIs*
- Appendix C: Health Education Grade Level Content Expectations Addressed Within *Growing Up and Staying Healthy: Understanding HIV and Other STIs*
- Appendix D: HIV/STI and Sex Education in Michigan Public Schools
- Appendix E: Resources for Complying With Michigan's Sex Education Laws
- Appendix M: Michigan Web-Based Resources
- Appendix O: Consent for Care and Confidential Health Information
- Appendix P: Overview of Laws Related to Minors in Michigan
- Appendix Q: Requirements of Michigan Law: Resources and Information for Michigan Teachers Who Teach HIV Prevention or Sex Education

Teaching Technique Tips

The lessons in *Growing Up and Staying Healthy: Understanding HIV and Other STIs* include clear, complete instructions. In addition to the lesson instructions, the following information will be helpful as you implement the curriculum:

- This module assumes that students have **already received lessons on puberty**, reproductive health, and reproductive anatomy and physiology. If students have not received this foundation, or they need a refresher, you will need to teach this content prior to implementing this module. Use your school's approved curriculum. If your school doesn't have an approved curriculum, you might access free or low-cost lessons at the Teaching Sexual Health web site at <http://www.teachingsexualhealth.ca/> or the Michigan Model for Health website at www.michiganmodelforhealth.org. Any lessons taught must be approved according to the laws of your state prior to use.

- A **small minority of parents might choose to exclude** their children from HIV and other STI instruction. For students who are not to participate in part or all of *Growing Up and Staying Healthy: Understanding HIV and Other STIs*, ask their parents what alternative activities they would like for their students. One option is to have students write a paper about their goals for the future and how their choices and behavior could impact reaching their goals.
- The lessons are designed to be **taught sequentially**. The lessons build upon previous lessons, and skills taught in earlier lessons are reinforced in later lessons. If you change the order of the lessons, you will need to alter the introduction and closure for the lessons. You will also need to ensure that the skills needed to complete the lessons have been taught.
- Some lessons include **optional activities**. These activities do not have to be taught, but will be helpful if your students need additional instruction or reinforcement in a topic or skill that was not learned prior to this module.
- *Growing Up and Staying Healthy: Understanding HIV and Other STIs* **defines sexual intercourse**, or sex, as oral, anal, and vaginal sex because all three behaviors can transmit HIV and other STIs. Students have many slang terms for sexual intercourse. As terminology changes over time or with community norms, please use appropriate terms that are relevant to your students. Define students' slang words and encourage students to replace slang with terms that do not degrade or minimize the serious nature of the issues.
- Discussing sexual behaviors, HIV, and other STIs can be uncomfortable for some middle school students. It may be a topic they are not accustomed to talking about with adults and peers. They may be more willing to participate in discussions and other class activities if they have agreed to a set of **guidelines for behavior**. You may want to spend a few minutes prior to beginning this module establishing a code of conduct with the class. Working with students to create the guidelines will increase their ownership. Post the guidelines, and review and enforce them as needed. Here are typical guidelines:
 - Listen to and respect the ideas and opinions of others.
 - Use "I messages" when you share your opinions and ideas.
 - Avoid making fun of the ideas and opinions of others in and out of class because it is disrespectful.
 - Leave out any names or identifying information if you suggest examples or situations you have heard about or have experienced. This will help to prevent the sharing of personal information which should be kept private.
 - Share the information and skills with others outside the classroom if you think it will be helpful to you or others. However, do not share information if you think it will embarrass or hurt someone in the class. This includes sharing information that uses names or other identifying information. In other words, no gossiping. All personal information must remain in the classroom.
- Many lessons involve the students in **cooperative learning groups**. Rather than explaining how to set up cooperative learning groups each time they are used, the lessons assume that the teacher has experience in forming small groups; forming groups of mixed gender and ability; and assigning small group roles, such as leader, spokesperson, recorder, motivator, and materials handler. Read the "How to Use This Manual" section if you would like additional information on cooperative learning groups.

- Students may have questions about relationships, sexual behaviors, and transmission of HIV and other STIs. **Genuine questions** indicate a curiosity about the topic and reflect an open, accepting classroom environment. Take time to thoughtfully answer each question being sure to follow your district policies regarding what can and cannot be included in a classroom discussion. If a question is asked that you are not allowed to answer, encourage the student to talk with his or her parents or trusted adult family members. If a question is asked and you do not know the answer, demonstrate how to find a reliable source of information to respond to the question.
- **Names** used in the practice scenarios were carefully chosen to represent the diversity in a typical classroom: ethnicity, gender, sexual orientation.
- **Lesson 3 includes three alternate methods** for conducting the application portion of the lesson. These options allow teachers to modify the activity depending on the technology available for classroom use.
- Lesson 8 includes an activity in which students learn the importance of **reducing risks when they have sex**, including the steps for using a condom. It is important that students learn this potentially life-saving skill in order to reduce the human error that reduces the effectiveness of condoms.
- Eight of the lessons in *Growing Up and Staying Healthy: Understanding HIV and Other STIs* include **embedded assessments**. These assessments allow you to assess student learning during lesson activities using rubrics and checklists. The assessments are optional.
- Many **websites** offer HIV and other STI information. Some are reputable and some are not. Some reflect an abstinence-only philosophy; others reflect a more comprehensive philosophy. The following three sites are reputable and reflect the latest research and best practice on HIV and other STI prevention:
 - American Sexual Health Association, <http://www.ashasexualhealth.org>
 - Centers for Disease Control and Prevention, <http://www.cdc.gov>
 - US Department of Health and Human Services, <https://www.hhs.gov/ash/oah/>

Encourage students to confirm statistics cited in the curriculum by visiting the CDC website for the YRBS data at <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>.

Terminology Used in the Module

Every effort has been made to communicate clearly and concretely so that teachers, students, and parents will understand the messages and skills being taught in *Growing Up and Staying Healthy: Understanding HIV and Other STIs*. However, words have multiple meanings that may vary from person to person and community to community. Some terms have been the object of much discussion and need to be defined as they will be used in this module:

- “Abstinence” is defined as not engaging in oral, anal, or vaginal sex.
- “Abstinence-only version” refers to lessons that do not discuss or promote any form of risk reduction, such as condoms. The abstinence-only lessons promote abstinence from sexual intercourse as the only option for young people. Even among abstinence-only proponents, there exists a wide spectrum of definitions, from “abstinence from genitally stimulating behavior”

to “abstinence until marriage” to “abstinence from behaviors that can result in infections or pregnancy.”

- “Abstinence-based version” refers to lessons that promote abstinence as the safest and healthiest choice for young people, but also teach students strategies to reduce their risk of infections and pregnancy when they decide to have sex. Condom use is included in the abstinence-based lessons.
- “Sexual intercourse,” or “sex,” is defined as oral, anal, and vaginal sex because all three behaviors can transmit HIV and other STIs. Students have many slang terms for sexual intercourse and sex. As terminology changes over time or with community norms, please use appropriate terms that are relevant to your students.
- “Sexually transmitted infections” or “STIs” are infections that can be transmitted sexually. Whenever the term STI is used, it includes HIV as one of the infections. STIs are also called sexually transmitted diseases or STDs.
- The terms “boyfriend” and “girlfriend” are used to describe romantic relationships between young people. Students may have different terms they prefer, so please use the terms that are relevant for your students.
- The terms “abstain” and “postpone” have both been used to encourage young people to avoid sexual intercourse, at least until they are of legal age and are prepared to handle the possible consequences of sex, or until they are in a long-term, committed relationship, for example, marriage.

Assessment

Assessment has many purposes:

- A teacher can use assessment to determine what students know and are able to do. Then, he or she can use the information to adjust the curriculum accordingly. Assessment may indicate the necessity for re-teaching. The results of assessment may also indicate the need to revise curriculum and instructional methods to increase student achievement of knowledge and skills.
- A student can use assessment tools to measure his or her own achievement of knowledge and skills. Assessment can identify weak areas of student achievement that need extra effort to attain the student’s highest potential.
- Assessment is often linked with scoring of student work and reporting student progress through grades assigned to student work.
- Assessment results can also contribute to program improvement. If curriculum and instruction is planned district wide, the assessment results can be an indicator of what is working and what needs improvement. The results can be an important component of reporting to school audiences interested in the progress of student achievement and the effectiveness of health education.

There are two forms of assessment in the *Michigan Model for Health™* lessons. One form, curriculum-embedded assessment, is present at the end of the lessons in the form of rubrics and checklists for scoring student work. The other form of assessment is a collection of pre-/post-tests for each unit.

Curriculum-Embedded Assessment

Two forms of embedded assessments are available in *Growing Up and Staying Healthy: Understanding HIV and Other STIs*.

- Rubrics are provided for scoring instructional activities in the lessons. Rubrics define the criteria for scoring student work at various skill levels. They can be used by teachers for determining to what degree the student has mastered the objective or standard. They can also be used for grading. They can be used by students for self-assessment. If a lesson contains an embedded rubric, a **holistic** rubric will be located at the end of the lesson. To access an **analytic** rubric for the same assignment or a **generic, holistic** rubric that can be used for any assignment, check the resources on the flash drive that came with your manual.
- Checklists are provided for skills taught in the module. The checklists can be used by teachers to monitor individual student progress or by students for the purpose of self-assessment or peer assessment. The checklists are constructed to allow teachers to add a numeric value to the levels of achievement for each of the elements of the skill in the checklist. It is then possible to use the tool as an analytic rubric for scoring student work or scoring demonstration of a skill.

Consider these tips when deciding how to assess your students:

- Choose when to assess based on your students' needs and response to lessons. You do not need to use all of the assessment tools.
- Have students use the tools for self-assessment. Promote the concept of personal evaluation and goal setting for future improvement.
- Have students assess one another. Helping others by sharing perceptions and helpful ideas is an important relationship skill and can be practiced during assessment.
- Provide the assessment tool to students before they complete the task and explain the criteria for scoring.
- Explain the assessment tool and have the students, individually or as a group, score themselves in pencil. Then, you score the individual or group using a pen on the same sheet so that students can compare perceptions and ask questions if needed.
- Use the assessment rubrics and checklists provided in the manual and on the flash drive as a beginning sample. Create the assessment tool with your students. Their motivation to do well will increase.

Pre/Post Test Assessments

The *Michigan Model for Health™* Pre-/Post-Test is an evaluation instrument divided into individual tests for each content section. Instructions for administering, scoring, and analyzing the results are included in the instruction guide. The test and instructions are included behind the Assessment tab of this manual and also on the Teacher Resources flash drive.

Any of the assessment tools can be administered verbally for students with limited reading ability.



Abstinence-Based and Abstinence-Only Prevention Strategies

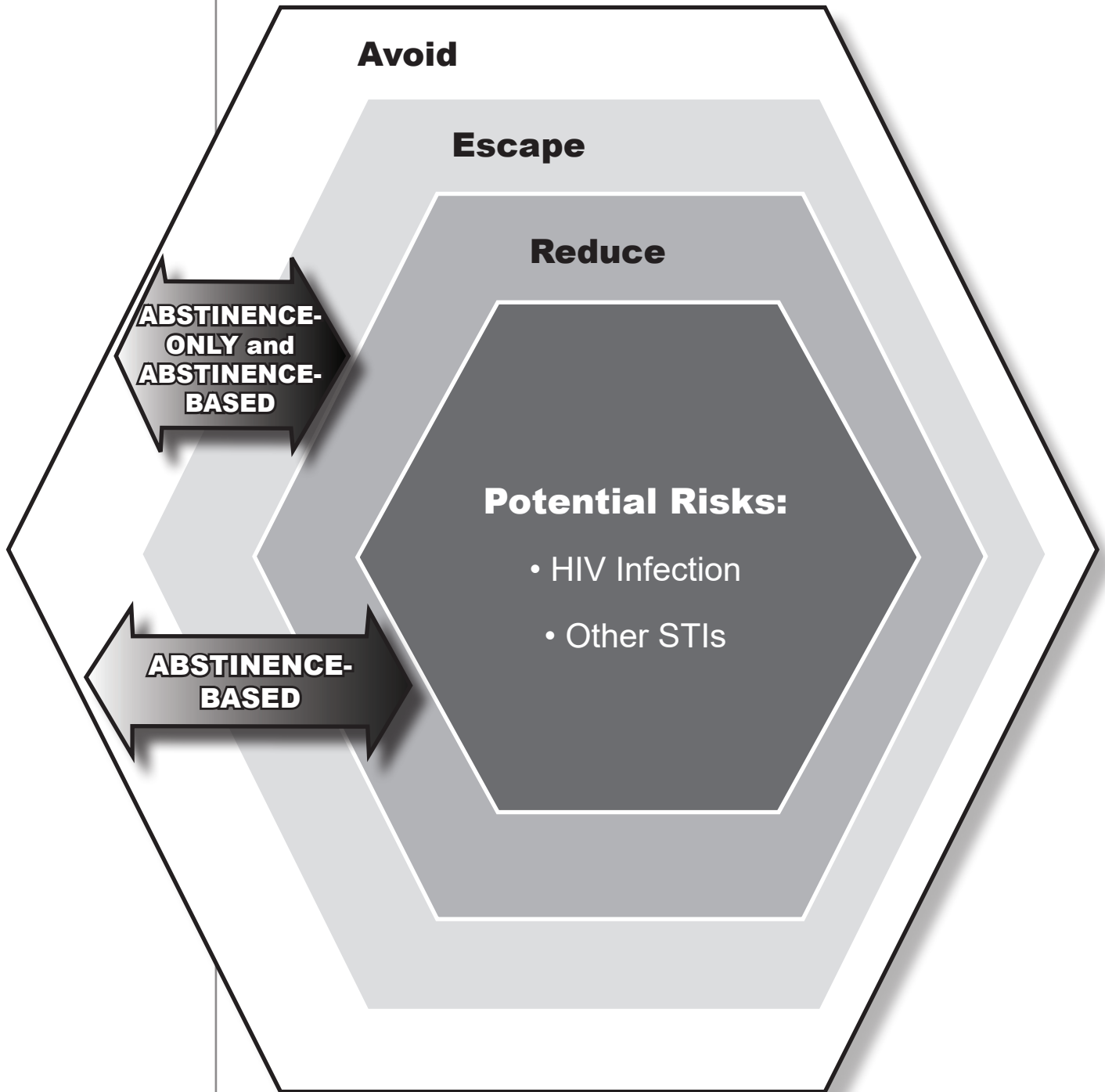
Growing Up and Staying Healthy: Understanding HIV and Other STIs teaches several HIV and STI prevention strategies. All of the strategies are abstinence-based. Most of the strategies are abstinence-only. Teachers must implement the lessons that have been approved by your local school board as required by state law. In Michigan, individual teachers may not decide what HIV and STI prevention education to teach and not to teach in their classrooms.

The diagram titled “Strategies for Risky Situations” illustrates how the strategies build upon each other. Beginning with avoiding risky sexual situations, then escaping risky sexual situations, students learn how to avoid sexual behaviors that could result in HIV or other STIs. All of these strategies may be taught in an abstinence-only or an abstinence-based program.

Finally, when students decide to have sexual intercourse, preferably within a long-term, committed relationship, risk reduction strategies are taught so that they will know how to minimize the possibility of negative consequences. These lessons may be taught in an abstinence-based program, but not an abstinence-only program.

The chart titled “Two Options for Implementing *Growing Up and Staying Healthy: Understanding HIV and Other STIs*” outlines which lessons are appropriate for abstinence-only programs and which are appropriate for abstinence-based programs.

Strategies for Risky Situations



Two Versions for Implementing *Growing Up and Staying Healthy: Understanding HIV and Other STIs*

Lesson	Abstinence-Based With Condoms	Abstinence-Only No Condoms
Lesson 1	Alternate wording*	Alternate wording*
Lesson 2	Alternate wording	Alternate wording
Lesson 3	Alternate wording	Alternate wording
Lesson 4	Alternate wording	Alternate wording
Lesson 5	Alternate wording	Alternate wording
Lesson 6		
Lesson 7		
Lesson 8		Omit entire lesson
Lesson 9	Alternate wording	Alternate wording
Lesson 10	Alternate wording	Alternate wording

*Alternate wording is provided to make these lessons appropriate for either the abstinence-based or abstinence-only version.

Shading indicates the lesson that should be omitted if the abstinence-only version is selected.

How to Use the Manual



This section of the teacher's manual will provide you with information on how the lessons are organized and written. Helpful tips suggested by educators who have used the *Michigan Model for Health™* have been included.

Module Overview

The "General Information" includes helpful background information that will assist you in reaching the goals of this module. Some of the information will be useful to share with your Health Education Advisory committees and school board. You will find the following in this section:

- Why teach about the prevention of HIV and other sexually transmitted infections (STIs)
- What works to prevent sexually transmitted infections
- Why this module was developed
- Themes of this module
- Assumptions
- Legal requirements and limitations for teaching HIV and STI prevention

The "Implementation Details and Options" section includes the following:

- Legal requirements
- Professional development
- Foundation for making positive behavior change
- Desired teacher qualities
- Ways to involve families
- Teacher resources and techniques
- Explanation of terminology
- Assessment information
- Strategies for risky situations
- Two versions for implementing *Growing Up and Staying Healthy: Understanding HIV and Other STIs*

The "How to Use the Manual" section provides the following information:

- Description of what each tab includes
- Explanation of what a lesson includes
- Explanation of the flash drive
- Format details for the lessons
- Where to get additional information
- Use of cooperative learning groups
- Tips for using assessment
- Form to provide curricular feedback
- Copying permission memo



The “Introduction” section provides information the teacher needs prior to implementing the lessons:

- List of module goals
- Tasks to complete before beginning the lessons
- Assessment possibilities
- How families and communities are involved
- List of student learning objectives and national health education standards addressed
- List of materials needed for the module

The “Lessons” tab includes the ten lessons in this module.

The “Assessment” tab explains how to access the assessment items if you wish.

The “Appendix” tab includes a series of teacher references that provide background information for implementing this module.

Lessons

All of the lessons are formatted in a similar manner to make it easy for you to find what you are looking for. You will find the following as you look through each lesson:

- Number and title of the lesson
- Student learning objectives correlated with national health education standards
- Lesson synopsis: A brief overview of what is in the lesson
- Time and materials chart: Chart providing the time and materials needed for each of the four steps of the lesson
- Preparation: Tasks that need to be done before teaching the lesson
- Lesson Procedure:
 - Introduction
 - Input
 - Application
 - Closure
- Student worksheets and/or handouts
- Teacher keys
- Teacher references
- Slide masters
- Teacher masters
- Family worksheets and resource sheets
- Assessment rubrics and/or checklists

The lessons within *Growing Up and Staying Healthy: Understanding HIV and Other STIs* are sequenced. If you choose to change the order, you will need to modify the introductions and closures to the lessons.

Time and Materials Chart

The time and materials chart at the beginning of each lesson lists the materials you will need for the lesson. The materials are divided into three types:

- Health Education Resources: Materials obtained from your Regional School Health Coordinator, Michigan Model for Health Clearinghouse (MMHC) or ordered from the vendor listed
- Teacher Manual Resources: Materials found in the manual, such as student worksheets, teacher references, and so on
- Supplied by the Teacher: Materials typically found in the classroom or school, such as pencils, writing paper, art supplies, and so on

If you have questions about any of the materials used in the Michigan Model for Health™ or how to obtain them, contact MMHC.

Phone: 888-517-6195
Email: support@michiganmodelforhealth.org

This chart also provides a guideline to help you understand how time is used in a lesson. The time estimated for each step of the lesson will vary according to your teaching style and the composition of each classroom. Use the time suggested as a guide. As a general rule, limit the discussion during the Input step so that there will be plenty of time for the Application step.

Electronic Files on Flash Drive

Included with each *Growing Up and Staying Healthy: Understanding HIV and Other STIs* teacher manual is a flash drive which can be found mounted inside the front cover. This flash drive includes electronic files in one of three formats:

- PDF (portable document file)
- Microsoft Word
- PowerPoint

All student worksheets, handouts, teacher masters, and family worksheets and resource sheets are presented as PDF documents and can be printed directly from a computer. Hard copies of all these documents are also included in the teacher manual.

Documents that need to be personalized, such as the family letter, are offered on the flash drive as open Microsoft Word files. This will allow you to customize these documents as you desire. You can also customize the assessment rubrics and checklists on the flash drive to better suit your students and their learning.

Slides, for use in the classroom, may either be projected directly from the PowerPoint slides provided on the flash drive using an LCD projector or printed to transparency material and projected using an overhead projector. In the lessons, the word “slide” refers to a transparency or one PowerPoint slide. The word “projector” refers to either an LCD projector or overhead projector depending on your choice of method to display the information. Slide masters are also found in hard copy in the teacher’s manual.

The student worksheets, student handouts, and family worksheets and resource sheets can and should be copied for use with the curriculum. While all pages include a statement of copyright, **you are permitted to reproduce these specific documents**. You will find a copyright release statement at the end of this section of the manual for your district’s copying resource.

Lesson Procedure

The four steps in the lesson procedure are presented in a two-column format.

- Left-hand column: an abbreviated outline of the lesson
- Right-hand column: a suggested script and more procedural details for teachers who want more information or who may be unfamiliar with the lessons

Instructional Steps

Script and Detailed Directions

Use of Icons or Symbols

Various icons or symbols have been used to connote different aspects of the lessons or manual. As you get familiar with the icons, you will quickly know what is meant by a comment or what icon to look for if searching for something. The following icons are used in the lessons to assist teachers in locating resources used in the lessons:



Suggestions for the teacher to make the lesson run smoothly or provide optional ideas



Ideas to extend the learning or reinforce what was taught



Teacher reference with background information teachers need for the lesson



Teacher master to duplicate that provides resources for student use



Family worksheet or resource sheet to provide students' family involvement assignment



Student worksheet master and student handout master to provide student assignments and information



Teacher key that provides answers for student worksheets



Slide master to prepare a transparency or PowerPoint slide



Teacher assessment and/or student self-assessment or peer assessment masters provide options for teacher assessment or to allow students to assess their progress toward achieving the health standards

Websites

Due to easy access to the Internet and reliable websites, we have included a number of resources from websites. At times, the organization sponsoring the website will change the site or its organization. This may make a listed website difficult to find. Where possible, we have provided directions for navigating a site or a specific website address. However, if you are having trouble, try going to the organization's home page and searching for words in the title of an article or a word or words that capture the concept you are looking for.

Addenda

This curriculum is a living document. Because health information changes rapidly, the module will be updated as needed, and addenda will be published on the publisher's website to keep this teacher manual current. To access addenda, visit the *Michigan Model for Health™* website at www.michiganmodelforhealth.org

Use of Cooperative Learning Groups

A well-established instructional method is the use of small cooperative learning groups. The benefits for students and their learning are well documented. Consider the following tips to increase the likelihood for successful small group work:

- Keep the size of the groups small if your students are unaccustomed to working in small groups or if the composition of your class makes this instructional strategy a challenge.
- Establish the groups and assign the group roles before explaining the task.
- Assign students group roles and responsibilities within each group. The lessons will suggest specific roles that may be helpful for the activity.
 - Leader: Keeps the small group on task.
 - Time Keeper: Monitors time and gives time warnings.
 - Spokesperson: Shares with the class the work of the small group.
 - Recorder: Takes notes.
 - Motivator or Encourager: Encourages everyone to participate.
 - Materials Handler or Collector: Gets and returns worksheets, art supplies, or other materials.
 - Dealer: Supplies each member with items needed.
- Assign the small groups a task and method for being accountable for completing the task.
- Provide clear directions, in writing if needed, for the small group work.
- Create your own method for dividing students into groups ahead of time:
 - Decide if random grouping will work for the activity and your students.
 - Decide if you need to balance your groups with respect to gender and abilities.
 - Be aware of students who may need special placement in a group due to special needs or social groups.
 - Use variety in your method of forming groups. Finding interesting ways can add spice to a lesson. Here are some examples:
 - Find a partner who has a different shoe size.
 - Form a group of three. Each of you must be a different height.
 - Line up by height and count off.



Assessment

Two types of assessment are used in *Growing Up and Staying Healthy: Understanding HIV and Other STIs*. One type, curriculum-embedded assessments, was developed specifically for the instructional activities in the module. The second type of assessment utilizes pre and post tests to assess students improvements in knowledge, skills, and attitudes in HIV prevention. Instructions for administering the pre/post tests along with the instrument itself can be found behind the Assessment tab and on the flash drive. Read the “Implementation” section if you would like additional information on assessment tools offered with this manual.

Your Ideas and Feedback

You are the classroom experts! We welcome your ideas and feedback on the lessons, materials, and teacher’s manual. If something is unclear, we would love the opportunity to talk with you about it.

Tell us online: www.michiganmodelforhealth.org

Email: support@michiganmodelforhealth.org

Or take a moment to copy the form at the end of this section, complete it, and send it to the Michigan Model for Health Clearinghouse(MMHC).

Feedback Form

Send Us Your Feedback on *Growing Up and Staying Healthy: Understanding HIV and Other STIs*

We appreciate your feedback! Please provide us with your comments and/or suggestions by completing the survey form below. If you prefer to submit your feedback on-line, please visit www.michiganmodelforhealth.org and complete the web-based form. Thank you for helping to make our great curriculum even better!

I wish to offer comments of:

☐ Suggestion ☐ Praise ☐ Problem ☐ Complaint ☐ Other _____

I wish to comment on:

☐ Lessons
☐ Materials
☐ Teacher's Manual
☐ General
☐ Other _____

Please enter your comments in the space provided below. Feel free to use the back of the page if needed.

Note: Your contact information is for the purpose of follow-up regarding your comments and/or suggestions and will not be shared with, or sold to, other parties.

Name _____

School _____

City/State _____

Daytime Phone (____) _____

Best Time to Call _____

Email _____

Mail this form to:
Michigan Model for Health
Clearinghouse (MMHC)
P.O. Box 700
Holt, MI 48842

Fax to 517-699-2376
Email: support@michiganmodelforhealth.org

☐ Please add me to your email list for updates as they become available

☐ Please do not contact me.



MEMO

To: Copy Centers, Printers and other Reproduction Entities

From: State of Michigan

RE: **Reproduction of Copy Masters in *Michigan Model for Health*™**

Please be advised that while the *Michigan Model for Health*™ curricular units are copyrighted to the State of Michigan each manual and/or module contains masters intended for reproduction for classroom distribution. These pages are restricted to the following:

- Student Worksheets
- Student Handouts
- Family Resource Sheets, Family Worksheets and Coupons
- Teacher Masters
- PowerPoint or Slide Masters
- Assessment Rubrics, Checklists and Tests
(Grades 2nd through 12th only)

In the “Preparation” section of the lesson, teachers are instructed to make enough copies of these materials to provide one per student, one per small group, one per pair of students, etc. If there is any doubt as to whether a page may be reproduced, this section of the lesson will dictate what needs to, and therefore may be, reproduced in quantity for classroom use. These masters may not be reproduced for commercial purposes.

If you have any questions, please feel free to contact the Michigan Model for Health Clearinghouse (MMHC) at 888-517-6195 or support@michiganmodelforhealth.org.

Teaching Resources

The materials used in the *Michigan Model™* are divided into three types:

- **Health Education Resources:** Materials obtained from your Regional School Health Coordinator, Michigan Model for Health Clearinghouse (MMHC), or ordered from the vendor listed
- **Teacher Manual Resources:** Materials found in the manual, such as student worksheets, teacher references, and so on
- **Supplied by the Teacher:** Materials typically found in the classroom or school, such as pencils, writing paper, art supplies, and so on

If you have questions about any of the materials used in the *Michigan Model for Health™* or how to obtain them, contact MMHC.

Phone: 888-517-6195

Email: support@michiganmodelforhealth.org

Following each item listed, the number of the lesson(s) where the item is used is indicated for your reference.

RESOURCES	LESSON NUMBERS									
	1	2	3	4	5	6	7	8	9	10
Health Education Resources										
• Video (two versions): <i>Understanding HIV/AIDS: Learn the Facts, Fight the Stigma, Stay Safe, Redefine Positive</i> (22 minutes) OR <i>Understanding HIV and AIDS</i> , (abstinence-only version), Human Relations Media (17 minutes) ¹	X									
• Poster: "Setting Goals for Health," MMHC				X				X		
• Poster: "Now You Know," MMHC							X			
• Poster: "Advocating for Health," MMHC									X	
Teacher Manual Resources										
Student Worksheets, Handouts, Teacher Keys, and Teacher Masters										
• Student Handout: "HIV Facts" (two versions: abstinence-based and abstinence-only)	X									
• Student Worksheet: "Vital STI Facts"		X								
• Teacher Key: "Vital STI Facts"		X								
• Student Handout: "Chlamydia Fact Sheet" (two versions: abstinence-based and abstinence-only)		X								
• Student Handout: "Herpes Fact Sheet" (two versions: abstinence-based and abstinence-only)		X								
• Student Handout: "Human Papillomavirus Fact Sheet" (two versions: abstinence-based and abstinence-only)		X								
• Student Handout: "Gonorrhea Fact Sheet" (two versions: abstinence-based and abstinence-only)		X								
• Student Handout: "Syphilis Fact Sheet" (two versions: abstinence-based and abstinence-only)		X								

¹For information on how to obtain access the video:

- Michigan teachers, contact your Regional School Health Coordinator at www.mishca.org/who.
- Teachers in other states, contact the MMHC 1-888-517-6195.

RESOURCES	LESSON NUMBERS									
	1	2	3	4	5	6	7	8	9	10
• Student Handout: “Syphilis Fact Sheet” (two versions: abstinence-based and abstinence-only)		X								
• Student Worksheet: “Is It Risky?”		X								
• Student Worksheet: “Getting Help If You Need It”			X							
• Teacher Key: “Getting Help If You Need It”			X							
• Teacher Master: “Healthy or Not?”			X							
• Student Worksheet: “Finding Reliable Sources of Information or Assistance on the Internet” (Methods 1 & 2)			X							
• Student Worksheet: “Finding Reliable Sources of Information or Assistance in the Phone Book” (Method 3)			X							
• Student Worksheet: “Setting My Goal, Building My Fence”				X						
• Student Handout: “A Method for Goal Setting”				X				X		
• Student Worksheet: “Communicating Boundaries”					X					
• Teacher Key: “Communicating Boundaries”					X					
• Teacher Master: “Using Skills to Avoid a Risky Situation”							X			
• Teacher Master: “Using Skills to Escape a Risky Situation”							X			
• Student Worksheet: “Cut!”							X			
• Teacher Key: “Cut!”							X			
• Teacher Master: “Lifelong Friends”							X			
• Teacher Master: “Practice Scripts”							X			
• Student Worksheet: “Condoms: Use Correctly and Consistently”								X		
• Teacher Key: “Condoms: Use Correctly and Consistently”								X		
• Student Worksheet: “Setting My Goal, Reducing My Risks” (abstinence-based version only)								X	X	
• Student Handout: “Keys for a Future Free of HIV and STIs: Abstinence and Condom Use”								X		
• Student Worksheet: “Helping Others Protect Themselves”									X	
• Student Handout: “Advocacy Project Possibilities”									X	
Family Worksheets										
• Family Worksheet: “What Do You Think?”		X		X						
Slide Masters										
• Slide Master: “Fact or Myth?”	X									
• Set of Slide Masters: “Know the Facts” (two versions: abstinence-based and abstinence-only)	X									
• Slide Master: “STI Presentations”		X								
• Slide Master: “STIs and Youth”		X								
• Slide Master: “STI Information: Chlamydia”		X								
• Slide Master: “STI Information: Herpes”		X								
• Slide Master: “STI Information: Human Papillomavirus (HPV)”		X								
• Slide Master: “STI Information: Syphilis”		X								
• Slide Master: “STI Information: Gonorrhea”		X								
• Slide Master: “STI Summary”		X								
• Slide Master: “What Makes It Risky for HIV”		X								

RESOURCES	LESSON NUMBERS									
	1	2	3	4	5	6	7	8	9	10
• Slide Master: “Is It Risky for HIV & STIs?”		X								
• Slide Master: “Is It Risky for HIV?”		X								
• Slide Master: “Agree or Disagree?”		X								
• Slide Master: “Healthy or Not? Directions”			X							
• Slide Master: “Common Symptoms of HIV”			X							
• Slide Master: “Common Symptoms of Other STIs”			X							
• Slide Master: “Be a Skeptic–Think and Question”			X							
• Slide Master: “Fences”				X						
• Slide Master: “Boundaries”				X						
• Set of Slide Masters: “Reasons to Plan How to Stay Within Boundaries”				X						
• Slide Master: “A Clear Goal Is SMART”				X						
• Slide Master: “My Long-Term Goal”				X						
• Slide Master: “My Short-Term Goal”				X						
• Set of Slide Masters: “My Tasks”				X						
• Slide Master: “My Progress”				X						
• Slide Master: “Did I Reach My Goal?”				X						
• Slide Master: “Behaviors Taylor Will Choose to Stay Within the Boundaries” (two versions: abstinence-based and abstinence-only)				X						
• Slide Master: “Behaviors Carla Will Choose to Stay Within the Boundaries” (two versions: abstinence-based and abstinence-only)				X						
• Slide Master: “What to Communicate”					X	X				
• Slide Master: “How to Communicate”					X	X				
• Slide Master: “Time to Communicate”					X					
• Slide Master: “Identifying Trouble”						X				
• Slide Master: “Effective Refusal Skills”						X				
• Set of Slide Masters: “Potentially Risky Situations” (optional)						X	X			
• Set of Slide Masters: “Come On Over: Part 1, Part 2, and Part 3”						X				
• Set of Slide Masters: “Getting to Know You: Part 1, Part 2, and Part 3”						X				
• Set of Slide Masters: “See You Tomorrow: Part 1, Part 2, and Part 3”						X				
• Slide Master: “Now You Know” (optional)							X			
• Slide Master: “Reality Check”								X		
• Slide Master: “Before Condom Use”								X		
• Slide Master: “Correct Condom Use”								X		
• Slide Master: “After Condom Use”								X		
• Slide Master: “Before Tooth Brushing”								X		
• Slide Master: “Correct Tooth Brushing”								X		
• Slide Master: “After Tooth Brushing”								X		
• Slide Master: “Steps for Goal Setting”								X		
• Set of Slide Masters: “In Summary...”									X	
• Slide Master: “One More Thing” (abstinence-based version only)									X	
• Slide Master: “Advocating for Health”									X	

RESOURCES		LESSON NUMBERS									
		1	2	3	4	5	6	7	8	9	10
Student Self-Assessments and Peer Assessments											
• Student Self-Assessment Rubric: “Getting Help If You Need It”			X								
• Student Self-Assessment Rubric: “Finding Reliable Sources of Information or Assistance on the Internet” (Methods 1 & 2)			X								
• Student Self-Assessment Rubric: “Finding Reliable Sources of Information or Assistance in the Phone Book” (Method 3)			X								
• Student Self-Assessment Rubric: “Setting My Goal, Building My Fence”				X							
• Student Self-Assessment Rubric: “Communicating Boundaries”					X						
• Student Self-Assessment Checklist: “Communicating Boundaries”					X						
• Peer Assessment Checklist: “Communicating Boundaries”					X						
• Student Self-Assessment Rubric: “Come On Over”						X					
• Student Self-Assessment Checklist: “Getting to Know You or See You Tomorrow”						X					
• Peer Assessment Checklist: “Getting to Know You or See You Tomorrow”						X					
• Student Self-Assessment Rubric: “CUT!”							X				
• Student Self-Assessment Checklist: “Practice Scripts–Getting to Know You or See You Tomorrow”							X				
• Peer Assessment Checklist: “Practice Scripts–Getting to Know You or See You Tomorrow”							X				
• Student Self-Assessment Rubric: “Setting My Goal, Reducing My Risks”								X			
• Student Self-Assessment Rubric: “Helping Others Protect Themselves”									X	X	
Teacher References											
• Teacher Reference–Assessment: “Assessment Rubric: Getting Help If You Need It”			X								
• Teacher Reference: “Discussion Notes for ‘Be a Skeptic–Think and Question’”			X								
• Teacher Reference–Assessment: “Assessment Rubric: Finding Reliable Sources of Information or Assistance on the Internet” (Methods 1 & 2)			X								
• Teacher Reference–Assessment: “Assessment Rubric: Finding Reliable Sources of Information or Assistance in the Phone Book” (Method 3)			X								
• Teacher Reference–Assessment: “Assessment Rubric: Setting My Goal, Building My Fence”				X							
• Teacher Reference–Assessment: “Assessment Rubric: Communicating Boundaries”					X						
• Teacher Reference: “Refusal Skill Review”						X					
• Teacher Reference–Assessment: “Assessment Rubric: Come On Over”						X					
• Teacher Reference–Assessment: “Assessment Rubric: CUT!”							X				
• Teacher Reference: “Things to Consider”								X			
• Teacher Reference: “Reducing the Risk With Correct Condom Use”								X			
• Teacher Reference–Assessment: “Assessment Rubric: Setting My Goal, Reducing My Risks”								X			
• Teacher Reference–Assessment: “Assessment Rubric: Helping Others Protect Themselves”									X	X	

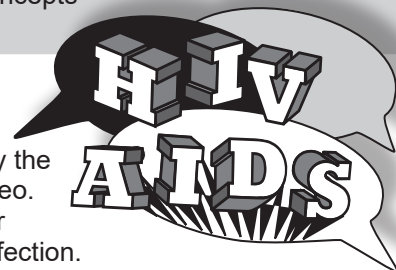
LESSON 1

The 4-1-1 on HIV and AIDS

Student Learning Objectives:	National Health Education Standards:
<ul style="list-style-type: none"> Explain how HIV is and is not transmitted. 	<ul style="list-style-type: none"> Core Concepts
<ul style="list-style-type: none"> Distinguish between facts and myths regarding HIV infection and AIDS. 	<ul style="list-style-type: none"> Core Concepts

Lesson Synopsis

Compose statements students have heard about HIV infection and AIDS and identify the statements as facts or myths. Learn the facts about HIV and AIDS by watching a video. Revisit statements regarding HIV infection and AIDS and categorize them as facts or myths. Summarize the facts they have learned, emphasizing ways to prevent HIV infection.



Activity	Time	Materials Needed
Introduction	8 minutes	Teacher Manual Resources <ul style="list-style-type: none"> Slide Master: "Fact or Myth?" Supplied by the Teacher <ul style="list-style-type: none"> Index cards Pens or pencils Projector Slide
Input	20 minutes	Health Education Resources <div> <u>Abstinence-Based Version:</u> <ul style="list-style-type: none"> Video: <i>Understanding HIV/AIDS: Learn the Facts, Fight the Stigma, Stay Safe, Redefine Positive</i> (22 minutes)¹ </div> <div> <u>Abstinence-Only Version:</u> <ul style="list-style-type: none"> Video: <i>Understanding HIV and AIDS, abstinence-only</i> (17 minutes)¹ </div> Teacher Manual Resources <ul style="list-style-type: none"> Appendix D: "HIV/STI and Sex Education in Michigan Public Schools" Supplied by the Teacher <ul style="list-style-type: none"> Pens or pencils AV equipment Index cards
Application	15 minutes	Teacher Manual Resources <ul style="list-style-type: none"> Appendix G: "Human Immunodeficiency Virus (HIV)" (Suggestion) <div> <u>Abstinence-Based Version:</u> <ul style="list-style-type: none"> Set of Slide Masters: "Know the Facts" </div> <div> <u>Abstinence-Only Version:</u> <ul style="list-style-type: none"> Set of Slide Masters: "Know the Facts" </div> Supplied by the Teacher <ul style="list-style-type: none"> Projector Slides Writing paper

¹For information on how to obtain access the video:

- Michigan teachers, contact your Regional School Health Coordinator at www.mishca.org/who.
- Teachers in other states, contact the MMHC 1-888-517-6195.

Application (continued)		<ul style="list-style-type: none"> • Pens or pencils • Chart paper, one piece per group • Markers • Tape or thumbtacks
Closure	2 minutes	<p>Teacher Manual Resources</p> <p><u>Abstinence-Based Version:</u></p> <ul style="list-style-type: none"> • Student Handout: "HIV Facts" <p><u>Abstinence-Only Version:</u></p> <ul style="list-style-type: none"> • Student Handout: "HIV Facts" <p>Supplied by the Teacher</p> <ul style="list-style-type: none"> • Folders, one per student
TOTAL	45 minutes	

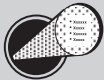
Preparation


Prior to the Lesson	<ul style="list-style-type: none"> • Ensure legal requirements are met prior to implementing this module. For example, in Michigan, the following criteria must be met before implementing HIV and other STIs education: <ul style="list-style-type: none"> – Teachers must be trained before instructing students about HIV/AIDS. – Parents must be given written notification about the content of the lesson, provided an opportunity to preview the materials in the lesson, and given the opportunity to observe the instruction and to excuse their child from the lesson. – Your local school board must hold two public hearings prior to adopting these lessons, and then formally approve them. • Determine which version of the lesson has been approved by your Board of Education to be taught in your class, abstinence-based or abstinence-only. Abstinence-based means abstinence is emphasized as the healthiest choice for young people and risk reduction, such as condom use, is also taught. Abstinence-only means abstinence is taught exclusively as the healthiest choice for young people and risk reduction is not taught. • Check to be sure that the video you will show is the version approved for your district. • Read appendices D, "HIV/STI and Sex Education in Michigan Public Schools," and G, "Human Immunodeficiency Virus (HIV)." • Acquire folders for students to use for storing their handouts and worksheets throughout this unit.
For Introduction	<ul style="list-style-type: none"> • Decide how you will divide your class into small groups of five or six students. • Prepare a slide of the slide master, "Fact or Myth?"
For Input	<ul style="list-style-type: none"> • None
For Application	<ul style="list-style-type: none"> • Prepare a chart for each small group. Divide each piece of chart paper in half by drawing a line down the center. Write "facts" at the top of the left-hand side and "myths" on the right-hand side. • Prepare slides of the slide master set, "Know the Facts."
For Closure	<ul style="list-style-type: none"> • Duplicate the student worksheet, "HIV Facts," for each student.

LESSON PROCEDURE

Introduction: Compose statements regarding HIV infection and AIDS and identify them as facts or myths.

8 minutes

Instructional Steps	Script and Detailed Directions
Discuss myths.	<p><i>In a moment, I will ask you some questions. If your answer is yes, give me a thumbs up sign. If your answer is no, give me a thumbs down.</i></p> <p><i>Have you ever heard that you can get warts from holding a frog or toad?</i></p> <p><i>Have you heard the saying, “If you step on a crack, you’ll break your mother’s back”?</i></p> <p>Pause to allow students to indicate whether or not they have heard these myths, then continue:</p> <p><i>Each of us has heard information, stated as fact, that later turned out to be myths. However, it is often difficult to tell what information is accurate and true and what isn’t. Today, many people still think they can get warts if they hold a toad. Probably some of us in this room believe this statement. Do you ever find yourself stepping over a crack, just in case that silly rhyme is true? Many myths continue to circulate.</i></p>
Introduce this module on HIV, AIDS, and other STIs.	<p><i>Our lesson today will be the first in a series of lessons on sexually transmitted infections, or STIs, including Human Immunodeficiency Virus, or HIV, the virus that causes Acquired Immune Deficiency Syndrome, or AIDS.</i></p> <div data-bbox="561 1031 651 1129" data-label="Image"> </div> <p>Sexually transmitted infections are also called sexually transmitted diseases (STDs). This module uses the newer term, STIs, because sexually transmitted viruses and bacteria will cause infections, but may or may not progress to causing diseases which have clear signs and symptoms of illness.</p> <p><i>You might think you have already heard all you need to know about HIV and AIDS but there are still plenty of myths floating around; there is still a lot of misunderstanding about how sexually transmitted infections, including HIV, are spread. When the subject is something as serious, and potentially life changing, as HIV and other STIs, you can’t afford not to know the facts.</i></p>
Form small groups and generate statements about HIV and AIDS using the slide, “Fact or Myth?” 	<p>Form small groups of five or six students. Assign someone to be a leader in each group and a second person to be the spokesperson.</p> <p>Distribute a few index cards to each student. Ask the students to take out a pen or pencil.</p> <p>Display the slide, “Fact or Myth?”</p> <p><i>Individually write one statement you know or have heard about HIV or AIDS on each of your cards. You will have three minutes to do this.</i></p>

	After three minutes, ask the students to pass their cards to the leader of their group. Ask leaders to trade cards with a group that is sitting near them, making sure each group has a new set of cards. Once the leaders have a new set of cards, ask them to give one or two cards to each member of their group. Be sure each member gets at least one card.
Categorize the statements about HIV and AIDS as fact or myth.	<p><i>Now you have one or more new cards with someone else's statement on each. One at a time, read the cards to your small group and decide if each statement is a fact or myth. If it's a fact, write the word "fact" on it. If it's a myth, write the word "myth." You will have five minutes to do this.</i></p> <p>After five minutes, ask the leaders to collect the index cards. They will be used again in the Application section of this lesson.</p>
Introduce this lesson.	<p><i>Every 9 1/2 minutes, someone in the U.S. becomes infected with HIV.¹ During our first lesson, we will learn the facts about HIV and AIDS...and in the time we spend doing this lesson, five more people will get HIV infection.</i></p>  <p>Set a timer to go off every 9 1/2 minutes throughout the class. This will remind students how often a new person is infected with HIV.</p>

Input: Learn the facts about HIV and AIDS by watching a video.

20 minutes

Instructional Steps	Script and Detailed Directions
Introduce the video that has been approved for your use with this curriculum. Generate additional statements and questions about HIV and AIDS.	<i>Let's check our facts by watching a video about HIV and AIDS. It is called "Understanding HIV and AIDS." As you watch, listen carefully to hear if your group categorized your statements correctly as facts or myths. Also, record any new statements you hear or questions you have about HIV or AIDS on blank index cards. After the video, I will ask you to share the main points made by the video and the questions you wrote on your cards.</i>
Show the video.	<p><u>Abstinence-Based Version:</u> Show the approved video: <i>Understanding HIV/AIDS: Learn the Facts, Fight the Stigma, Stay Safe -abstinence-based.</i></p> <p><u>Abstinence-Only Version:</u> Show the approved video: <i>Understanding HIV and AIDS, abstinence-only version.</i></p>
Discuss the video.	<p><i>What were the main points made in the video?</i></p> <p>Call on students to share their ideas.</p>

¹ CDC, 2009, <http://www.cdc.gov/hiv/>



HIVFacts



What is HIV?

- Human Immunodeficiency Virus (HIV) causes HIV infection, which can eventually lead to Acquired Immune Deficiency Syndrome (AIDS).
- HIV kills white blood cells in the body's immune system. As a result, the body cannot fight off infection.
- In infected people, HIV is found in body fluids that contain blood cells. These body fluids include blood, semen, vaginal fluids, and breast milk.

How is HIV transmitted?

- HIV is transmitted during sexual intercourse with an infected person. This includes vaginal, anal, and oral sex.
- Contact with infected fluids from the penis or vagina can transmit HIV.
- HIV can be transmitted from person to person if they share needles. This can happen when injecting any drugs, getting tattoos, and body piercing. This is more likely to happen if you get a tattoo or body piercing from an unlicensed person.
- An infected mother can give HIV to her baby while pregnant, while giving birth, or when breastfeeding. Treatment of the mother during pregnancy and at birth can greatly reduce the risk of transmission.
- HIV can be transmitted if infected blood or blood products are transfused. In the U.S., this rarely happens anymore because blood donations are now tested for HIV.
- Contact with infected blood can transmit HIV. This can happen with "needlestick" injuries, when a needle or another sharp object accidentally pierces a person's skin. It can also happen when blood splashes into the eyes, nose, or mouth or into open cuts or sores on the skin.
- HIV is not transmitted by saliva, tears, sweat, urine, feces, insect bites, through the air, or from surfaces.

What are symptoms of infection with HIV?

- An infected person might have a flu-like illness a few weeks after being exposed to HIV.
- A person with HIV usually feels well and looks healthy for years after infection, but is able to transmit HIV to others.
- White blood cells in the immune system are slowly destroyed.
- Once HIV has killed many white blood cells, the body cannot fight off infections. Symptoms of illness appear, such as night sweats, weight loss, fever, and diarrhea.
- Sometimes severe symptoms, such as pneumonia or certain cancers, appear. It takes an average of ten years for this to happen.

What are other consequences of infection with HIV?

- A person may be diagnosed with AIDS once the person's white blood cell level is extremely low, or if the person has other infections or conditions due to his or her damaged immune system.
- While a person with AIDS can live a long time, every day people with AIDS die.
- Until there is a cure, HIV is a terminal illness.
- Unfortunately, people living with HIV are sometimes not treated with dignity and respect.



What is the testing, treatment, or cure for HIV?

- Testing is available from your doctor, a clinic, or the local health department.
- HIV infection can be treated, but not cured.
- Treatment works best if it begins as soon as possible after infection.
- A combination of medications can work very well in fighting infections and reducing HIV in the body. However, these medications can cause serious side effects, they are expensive, and they don't always work well for everyone.



How can HIV be avoided or reduced?

- Abstain from vaginal, oral, and anal sex.
- Before having sex, talk to your partner about being in a long-term, committed relationship, for example marriage; make sure you and your partner get tested; and have intimate sexual contact with only one person who is not infected and is also committed to that relationship.
- Avoid sharing needles for any purpose.
- Avoid blood and other body fluid contact with another person.
- Reduce the risk of infection by using a latex or polyurethane condom correctly for all vaginal intercourse, oral sex, or anal sex.
- Use "universal precautions" if blood or other body fluids must be handled. Use latex gloves, hand-washing, and careful disposal of gloves and other blood-soaked items. Use these precautions at all times with all people.

If you have questions about HIV or AIDS, call, email, or talk to...

- CDC INFO: 1-800-232-4636 (English and Spanish; available 24/7)
- Hearing impaired hotline: 1-888-232-6348
- CDC e-mail address: cdcinfo@cdc.gov
- Parent or other trusted adult
- Family physician or nurse
- Local Public Health Department
- Local AIDS Hotline

These web sites will also provide accurate information:

- Centers for Disease Control and Prevention (CDC): <http://www.cdc.gov/>
- Michigan Department of Health and Human Services: www.michigan.gov/hivstd

SIGN AND RETURN THIS PART FOR EXTRA CREDIT.

I discussed two interesting facts about HIV with my parent or another trusted adult.

Student Signature

Adult Signature



HIVFacts



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How can HIV be avoided?

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- Avoid blood and other body fluid contact with another person.
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SIGN AND RETURN THIS PART FOR EXTRA CREDIT.


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Student Signature

Adult Signature

Closure: Summarize behaviors that prevent infection with HIV and STIs and benefits of choosing those behaviors. Assign homework.

2 minutes

Instructional Steps	Script and Detailed Directions
<p>Summarize behaviors that prevent infection with HIV and STIs and benefits of choosing those behaviors.</p>	<p><i>If a person wants to avoid HIV infection and/or STIs, what can he or she do?</i></p> <p>Answers:</p> <ul style="list-style-type: none"> • Abstain from sexual intercourse, whether you have had sex in the past or not. • Abstain from sharing needles and “works.” • Avoid kissing a person with mouth sores, or touching a person’s sores, blisters, or warts. • Refuse to use alcohol and other drugs. <div data-bbox="492 562 1487 869" style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p><u>Abstinence-Based Addition:</u></p> <p>Answer:</p> <ul style="list-style-type: none"> • Before having sex, talk to your partner about being in a long-term, committed relationship, for example marriage; make sure you and your partner get tested; and have intimate sexual contact with only one person who is not infected and is also committed to that relationship. • If you choose to have sex, use a latex or polyurethane condom consistently and correctly. </div> <p><i>What are some benefits of choosing these behaviors?</i></p> <p>Answers:</p> <ul style="list-style-type: none"> • You avoid or reduce the risk of getting HIV and other STIs. • You avoid or reduce the risk of passing HIV or STIs to your children in the future. • When you protect yourself from HIV and STIs by being abstinent, you are also protected from pregnancy. • You avoid or reduce the risk of getting infections that might keep you from being able to have children later. You avoid or reduce the possibility of infecting a future partner. <div data-bbox="492 1264 1487 1457" style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p><u>Abstinence-Based Addition:</u></p> <p>Answer:</p> <ul style="list-style-type: none"> • When you reduce your risk of infection with HIV and other STIs by using a condom consistently and correctly, you are also greatly reducing your risk of pregnancy. </div>
<p>Assign homework using the family worksheet, “What Do You Think?”</p> 	<p>Instruct students to place the student worksheet, “Vital STI Facts,” in their folders for use with Lesson 9.</p> <p><i>Take your student worksheet, “Is It Risky?” home with you and discuss it with your adult family members or another trusted adult. See if they can place the check marks in the correct boxes.</i></p> <p>Distribute the family worksheet, “What Do You Think?” to each student.</p>

Parents and other family members have a lot of influence on us. For your homework assignment, you are to interview a parent and record their ideas about sexual behavior on the worksheet. If a parent is not available, you may interview another trusted adult. When finished, have the adult sign the worksheet and show it to me. I will not keep the worksheet, but I do want to see that you completed the assignment. You can also cut off the signatures and return only the signatures to me. Then, place the worksheet with your interview notes in your folder. It is due by (insert date you will teach Lesson 4).



The students will be able to use the information gained from this homework assignment in Lesson 4.

Introduce the next lesson on getting help and locating reliable information.

In our next health lesson, we will learn where to go to get help and how to access reliable information.





Syphilis

FACT SHEET

Syphilis...

- ...is transmitted by hand, oral, or genital contact with the sore or rash of an infected person.
- ...will cause a painless sore and/or rash when first infected.
- ...may not be noticed if the sore or rash is in an area that is not easy to see.
- ...is only cured if treated, even though the sore and the rashes will go away on their own.
- ...can be cured with antibiotics, but a person can get it again if he or she has sex with an infected person.



What is it?

- ✓ Syphilis is caused by bacteria.
- ✓ It has been called syph, the pox, lues (LOO-eez), or bad blood.
- ✓ Syphilis can spread and cause damage to other parts of the body.

How is it transmitted?

- ✓ Syphilis is usually transmitted by having vaginal, oral, or anal sex with an infected person.
- ✓ It can also be transmitted by skin contact with open sores or rashes.
- ✓ An infected mother can pass it to her baby during pregnancy or childbirth.

What are symptoms of infection?

- ✓ All infected persons have external symptoms in two stages. People may not see the early symptoms.
- ✓ In the first stage of infection, syphilis causes a painless sore called a chancre (SHANK-er). The chancre may be on the penis, scrotum, vagina, labia, mouth, throat, breasts, anus, or fingers. The sore goes away in a few weeks, but the person is still infected. Lymph glands in the groin or neck may be swollen.
- ✓ In the second stage, the person may get fever, aches, sore throat, and swollen glands. There also may be a rash or hair loss. The rash may or may not be painless. These symptoms can be mistaken for something else and then forgotten as visible symptoms will go away, even without treatment. These symptoms go away after a few weeks, but the person is still infected.
- ✓ In the third stage, the person will not experience external symptoms, but will have internal damage. The person may suffer damage to the eyes, heart, brain, and spinal cord, such as blindness, heart disease, brain damage, and death.

What are other consequences of infection?

- ✓ A variety of symptoms appear and disappear, causing more and more damage to vital

organs, if syphilis is not treated. If an infected woman passes it to her baby during pregnancy, it can cause a miscarriage or still birth. It can cause damage to babies' eyes, skin, teeth, liver, and bones.

How is it diagnosed?

- ✓ Local health departments, school-based health clinics, and other doctor's offices may offer confidential, free or low-cost testing and treatment for syphilis for young people.
- ✓ The only way a person can be sure if he or she has syphilis is to have a blood test for syphilis.

Is there a treatment? A cure?

- ✓ Syphilis can be cured with antibiotic shots prescribed by a doctor. However, any damage already done cannot be reversed.
- ✓ In later stages of infection, additional treatment may be needed.
- ✓ The sex partner of an infected person must also be treated. If not, they will give it to each other again if they have sex.
- ✓ A person is not immune from syphilis after having it and being cured. A person can get it again.

How can it be avoided?

- ✓ Abstain from vaginal, oral, and anal sex.
- ✓ Avoid sexual contact where the genitals or hand of one person come in contact with the sore or rash-covered skin of another person.



WhatDoYouThink?

Directions:

- Identify a parent or another trusted adult with whom you would like to talk.
- Make an appointment to meet with the selected person.
- Share what you have learned and then interview the person, using the discussion questions on the back of this sheet.
- Record a brief summary for each question.
- Ask the person you interviewed to sign this worksheet.
- Show this signed worksheet to the teacher to receive credit.

For Student to Complete

In class, we have been learning about HIV, AIDS, and other sexually transmitted infections (STIs). I have learned that certain behaviors are not safe for me, because they may cause HIV infection or transmit STIs. These behaviors are:

Note to Parents and Adults Being Interviewed:

The goal of this interview is to gather information to help the young person conducting the interview plan ways to stay within healthy behavioral limits. Knowing what you think about these issues will provide him or her with valuable information and will help influence him or her to adopt behaviors which will keep him or her safe.

WhatDoYouThink?





For Parent or Other Trusted Adult and Student to Discuss

- What expectations do you have for me when it comes to sexual behavior?

- What does our religion or culture have to say about sexual situations?

- What limits or rules do you have for me that will help me to avoid risky sexual behavior?

- What advice do you have to help me meet your expectations?

What Do You Think?



Student Name _____

Parent or Other Trusted Adult Signature _____



When?

It is important to know when the information or product was created and how up-to-date it is. Try to determine if the source is correct and current today. Look carefully at the following information:

- Does the information have a recent date?
- Does it contain current statistics?
- Has it been updated recently?

Why?

It is important to know the reason the author created it. Try to determine if the source is truthful, reasonable, and thoughtful. Look carefully at the following information:

- Does the information promote a biased point of view or is it objective and based on facts?
- Was the information paid for by a person or a group that wants to promote an idea or product?
- Does the information contain a political or moral slant?
- Is the information truthful? designed as a spoof? selling something?

Purposes of Information

Most information has one of the following purposes:

- Persuasive or advocacy (tries to convince)
- Informational (provides several points of views and references)
- Marketing (tries to sell something)
- Entertainment (wants to amuse)

Sources:

- <http://www.virtualsalt.com/evalu8it.htm>, CARS Checklist for Research Source Evaluation, *Evaluating Internet Research Sources* by Robert Harris
- http://www.csuchico.edu/lins/handouts/eval_websites.pdf, Meriam Library, California State University-Chico
- <http://www.nlm.nih.gov/medlineplus/healthywebsurfing.html>, MedlinePlus Guide to Healthy Web Surfing
- <http://www.library.ubc.ca/home/evaluating/>, Criteria for Evaluating Internet Resources, University of British Columbia



FINDING RELIABLE SOURCES OF INFORMATION OR ASSISTANCE ON THE INTERNET

Your task:

- Find sources of information or assistance with HIV or STIs.
 - one statewide or national source
 - one local source
- Record the name, web address, and contact information.
- Answer as many of the “who, what, when, and why” questions as you can.

Who?

- Who is the author?
- Who is the organization that supports the information or author?

What?

- What is the content?
- What is the quality and accuracy?

When?

- When was the information created?
- When was it last updated?

Why?

- Why was the information provided?
- Why is it useful to me? or isn't it?

- Decide if you think it is a reliable source.
- Describe one resource, such as an informational brochure or service, they offer.







Take notes below on what you discover about each source.

LESSON PROCEDURE

Introduction: Connect this lesson on adopting a plan for staying within safe behavioral boundaries or limits with the previous lesson on accessing reliable information and assistance related to HIV and STIs.


10 minutes

Instructional Steps	Script and Detailed Directions
Review resources for HIV and STI information and assistance.	<p><i>If you or a friend wanted some information about HIV or STIs or needed help, which resource do you think you would access first?</i></p> <p>Call on a few students to share their ideas.</p>
<p>Survey the class about their experience interviewing a parent about family expectations regarding sexual behavior using the family worksheet, "What Do You Think?" from Lesson 2.</p>  	<p><i>Please get out your worksheet that was assigned as homework. How was your experience interviewing a parent or other trusted adult about their expectations regarding your sexual behavior?</i></p> <p>Call on a few students to share their ideas.</p> <p>If you think your students would respond to the following question, we encourage you to ask it. Students are more likely to follow rules and feel more confident about standing up for themselves if they know other students have similar rules. To begin the discussion, consider sharing a rule you had as a middle school student.</p> <p><i>Who would like to share an example of a rule your family has for your sexual behavior?</i></p> <p>Call on a few students to share their ideas.</p> <p><i>Why do you think they have rules for your sexual behavior?</i></p> <p>Answers:</p> <ul style="list-style-type: none"> • to protect me from getting hurt • to keep me safe and healthy • to avoid pregnancy and infection <p>Have students place their worksheets in their folders.</p>
<p>Form small groups and discuss fences as an analogy for having boundaries or limits using the slide, "Fences."</p> 	<p>Divide the class into small groups of four to six students. Assign the group roles: recorder and spokesperson.</p> <p>Have each recorder get out paper and a pen or pencil.</p> <p><i>We are going to digress for a few minutes to talk about fences. In a moment, you will understand what fences have to do with HIV and other STIs. In your groups, list all the places you have seen fences. You will have one minute to brainstorm a list; then, I will ask each spokesperson to share the group's ideas.</i></p> <p>After one minute, call on each group's spokesperson to read one of the places where fences have been seen.</p>

	<p>Keeping in mind all the places we have seen fences, what do you think fences are used for? Discuss your ideas in your group. Then, record three purposes for fences. You will have two minutes.</p> <p>After two minutes, call on several spokespersons to read the list of purposes for fences.</p> <p>Display the slide, “Fences.” Summarize the three main purposes for fences:</p> <ul style="list-style-type: none"> • Fences provide privacy. • Fences keep harmful things outside. • Fences protect what is inside by providing safe boundaries or limits.
<p>Compare fences to boundaries and limits by describing how they protect using the slide, “Boundaries.”</p> 	<p><i>Fences do many things. One of the main purposes for a fence is to protect whatever or whoever is inside by providing safe boundaries or limits. Many of you have younger siblings or you babysit for young children. You know that a fenced yard is much safer for youngsters because it keeps them from wandering away or going into the street. A fence also keeps harmful things, such as stray animals or strangers, away from children.</i></p> <p><i>Some of you have dogs. You know that a fence keeps your pet safe by keeping it close to home and out of the path of cars. Maybe you have seen the invisible fence that helps to protect dogs. It is an electrical wire that is buried underground around the boundary of the yard. The dog wears a collar that beeps a warning if the dog gets close to the boundary of its yard. If the dog ignores the beeping and goes over the boundary, it gets a mild electrical shock. The dog quickly learns that it should listen to the warning beep and stay inside the boundaries or limits.</i></p> <p>Display the slide, “Boundaries.”</p> <p><i>We need fences to protect us, too. We know the boundaries or limits that will keep us safe from HIV and other STIs. In other words, we know what behaviors we must avoid. If we go over the boundaries, the pain of a serious, possibly life-threatening, infection may follow. If we listen to the warnings, we can avoid that pain. During this next activity, you will determine what action steps you need to take to help you stay within the boundaries and keep you safe.</i></p>
<p>Introduce this lesson.</p>	<p><i>Today we will create plans for staying within healthy behavioral boundaries to protect ourselves from infection with HIV and other STIs.</i></p>

Input: Discuss the advantages of having a plan to stay within the boundaries for safe, healthy behavior. Describe the steps in goal setting. Identify living free of infection with HIV and STIs as a long-term goal.

10 minutes

Instructional Steps	Script and Detailed Directions
<p>Discuss the advantages of having a plan to stay within the boundaries for safe, healthy behavior prior to being in a potentially risky situation using the set of slides, “Reasons to Plan How to Stay Within Boundaries.”</p> 	<p><i>Each of you can strengthen the safety fence around yourself. Of course it will be an invisible fence, and it will allow people in without letting go of the safe boundaries you have around yourself. You can strengthen the boundaries by adopting a set of action steps, or a plan, for your behavior that will help you stay within the boundaries and will help protect you from infection with HIV or another STI. This plan will state what you will do and what you won’t do.</i></p> <p><i>What are some reasons it might be good to have a plan in place in case you find yourself in a risky situation?</i></p> <p>Call on students to share their ideas.</p>

LESSON 8

Someday, But Not Now

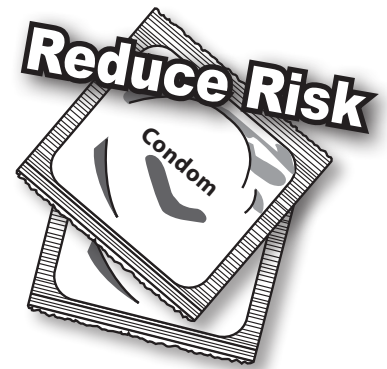
Student Learning Objectives:	National Health Education Standards:
<ul style="list-style-type: none"> Describe the potential negative consequences of having sexual intercourse and ways to reduce risks, including abstinence and condom use. 	<ul style="list-style-type: none"> Core Concepts
<ul style="list-style-type: none"> Create a plan to reduce the risks of having sex in the future. 	<ul style="list-style-type: none"> Goal Setting

Note to Teachers:

- This lesson is on the correct use of condoms.
- The student learning objectives for this lesson are not a part of Michigan's Grade Level Content Expectations. They are added to accommodate schools wanting to address risk reduction.

Lesson Synopsis

Review skills that can be used to avoid or escape risky situations. Introduce this lesson on reducing risks associated with having sexual intercourse. Identify and discuss potential positive and negative consequences of sexual intercourse and alternative ways to experience the positive consequences without sex. Identify and discuss ways to reduce the negative consequences. Review steps for goal setting related to avoiding STIs. Describe steps for correct condom use and why each is important. Identify tasks young people can accomplish to reach their goal of avoiding HIV and STIs in the future. Summarize the importance of being prepared for the future. Assign individual goal setting and discussion with parent or other adult as homework.



Activity	Time	Materials Needed
Introduction	10 minutes,	Teacher Manual Resources <ul style="list-style-type: none"> Slide Master: "Reality Check" Supplied by the Teacher <ul style="list-style-type: none"> Writing paper Pens or pencils Slide Projector
Input	10 minutes	Teacher Manual Resources <ul style="list-style-type: none"> Teacher Reference: "Things to Consider" Teacher Reference: "Reducing the Risk With Correct Condom Use" Slide Master: "Before Condom Use" Slide Master: "Correct Condom Use" Slide Master: "After Condom Use" Slide Master: "Before Tooth Brushing" Slide Master: "Correct Tooth Brushing"

Input (continued)		<ul style="list-style-type: none"> • Slide Master: “After Tooth Brushing” • Appendix K: “Rubber Dams” • Appendix L: “Condoms and STDs: Fact Sheet for Public Health Personnel” • Appendix P: “Overview of Laws Related to Minors in Michigan” <p>Supplied by the Teacher</p> <ul style="list-style-type: none"> • Writing paper • Pens or pencils • Chart paper • Markers, four or more colors • Tape or tacks • Slides • Projector
Application	15 minutes	<p>Health Education Resources</p> <ul style="list-style-type: none"> • Poster: “Setting Goals for Health,” MMHC <p>Teacher Manual Resources</p> <ul style="list-style-type: none"> • Slide Master: “Steps for Goal Setting” • Student Worksheet: “Condoms: Use Correctly and Consistently” • Teacher Key: “Condoms: Use Correctly and Consistently” • Student Handout: “A Method for Goal Setting” (from Lesson 4) • Student Worksheet: “Setting My Goal, Reducing My Risks” • Teacher Reference–Assessment: “Assessment Rubric: Setting My Goal, Reducing My Risks” • Student Self-Assessment Rubric: “Setting My Goal, Reducing My Risks” <p>Supplied by the Teacher</p> <ul style="list-style-type: none"> • Slide • Projector • Writing paper • Pens or pencils
Closure	5 minutes	<p>Teacher Manual Resources</p> <ul style="list-style-type: none"> • Student Worksheet: “Setting My Goal, Reducing My Risks” • Student Handout: “Keys for a Future Free of HIV and STIs: Abstinence and Condom Use” <p>Supplied by the Teacher</p> <ul style="list-style-type: none"> • Student folders from Lesson 1
TOTAL	40 minutes	


Preparation

Prior to the Lesson	<ul style="list-style-type: none">• Determine whether or not this abstinence-based lesson has been approved by your Board of Education to be taught in your class. If it has not been approved, skip it and teach Lesson 9 next.• Decide if you want to assess student progress. A rubric is provided for your use at the end of this lesson, “Assessment Rubric: Setting My Goal, Reducing My Risks.”• Decide if you want students to assess their own progress. Duplicate the rubric, “Setting My Goal, Reducing My Risks.” for students if you plan to have them use it.
For Introduction	<ul style="list-style-type: none">• Prepare a slide of the slide master, “Reality Check.”
For Input	<ul style="list-style-type: none">• Decide how you will divide your class into small groups of five or six students.• Read the teacher references, “Things to Consider,” and “Reducing the Risk With Correct Condom Use,” and appendices K, L, and P, “Condoms and STDs: Fact Sheet for Public Health Personnel,” “Rubber Dams,” and “Overview of Laws Related to Minors in Michigan.”• Prepare two charts by drawing a line down the center of each. On one chart, label one side with the heading “Potential Positive Consequences” and the other side with “Other Ways.” On the second chart, label one side with the heading “Negative Consequences” and the other side with “Risk Reduction.”• Prepare slides of the slide masters, “Before Condom Use,” “Correct Condom Use,” “After Condom Use,” “Before Tooth Brushing,” “Correct Tooth Brushing,” and “After Tooth Brushing.”
For Application	<ul style="list-style-type: none">• Prepare a slide of the slide master, “Steps for Goal Setting.”• Duplicate the student worksheet, “Setting My Goal, Reducing My Risks,” for each student.
For Closure	<ul style="list-style-type: none">• Duplicate the student handout, “Keys for a Future Free of HIV and STIs: Abstinence and Condom Use,” for each student.

LESSON PROCEDURE

Introduction: Review skills that can be used to avoid or escape risky situations and introduce this lesson on reducing risks associated with having sexual intercourse.

10 minutes

Instructional Steps	Script and Detailed Directions
<p>Review skills that can be used to avoid or escape risky sexual situations.</p>	<p><i>In our last lesson, we practiced using our skills to avoid and escape risky situations. What are some skills you can use to avoid or escape risky sexual situations?</i></p> <p>Answers:</p> <ul style="list-style-type: none"> • Communicate personal limits • Identify trouble • Refusal skills <p><i>Refusal skills are useful if you want to avoid or escape risky situations. Which refusal strategy do you think you will use most often?</i></p> <p>Call on a few students to share their favorite refusal from these:</p> <ul style="list-style-type: none"> • Say a direct “no.” This is the simplest and often the most effective way. • Suggest another activity. • Repeat the same phrase over and over again. • Give a reason. State a fact, your feelings, or your opinion. • Walk away.
<p>Share statistics on sexual behaviors among ninth graders in Michigan and the U.S. using the slide, “Reality Check.”</p> 	<p><i>Young people who avoid risky situations are more likely to delay sexual intercourse until they are older. Some young people do not use these skills to avoid risky situations, and they end up having sexual intercourse.</i></p> <p><i>On a piece of paper, record the percentage of young people you think have NOT had sex by the ninth grade. Write the number you select in large print so it fills the page.</i></p> <p>Pause to allow students to record their guesses.</p> <p><i>In a moment, I will signal you to get up and move without speaking. You will form a line, from the lowest number on this side of the room, to the highest number on the opposite side of the room. In other words, if you said zero percent of ninth graders have not had sex, you would stand over here (point to one side of the room). If you said 100 percent of ninth graders have not had sex, you would stand over here (point to opposite side of room).</i></p> <p><i>Ready? Take your piece of paper with the large number on it and line up without speaking.</i></p> <p>Once the students have lined up, comment on the variety of guesses. Display the slide, “Reality Check.”</p> <p><i>Most young people your age are NOT having sex! In the United States, 68 percent of ninth graders have never had sex¹. In Michigan, 73 percent of ninth graders have not had sex².</i></p>

¹ Source: 2009 U.S. YRBS, www.cdc.gov/HealthyYouth/yrbs

² 2009 Michigan YRBS

	<p>If students guessed more students have had sex than is true, discuss reasons this perception is prevalent. Some possible reasons are:</p> <ul style="list-style-type: none"> • media implies most young people have sex, • students may talk as if they have had sex when they haven't, and • being sexually active may seem necessary in order to belong to a group or to be popular. <p><i>Unfortunately, there are ninth graders who place themselves at risk because they have had sex.</i></p> <p>Have students return to their seats.</p>
Introduce this lesson on risk reduction.	<i>Today, we will learn what people can do to reduce their risks when they decide to have sex in the future.</i>

Input: Identify potential positive and negative consequences of sexual intercourse. Discuss alternative ways to experience the positive consequences without sex. Discuss ways to reduce the negative consequences. Review steps for goal setting related to avoiding infections. Describe steps for correct condom use.

10 minutes

Instructional Steps	Script and Detailed Directions
Form small groups and identify potential positive and negative consequences of having sexual intercourse.	<p>Form small groups of five or six students. Assign group roles of leader, spokesperson, and recorder.</p> <p>Ask the recorders to take out paper and a pen or pencil.</p> <p>Display the charts you prepared with the headings "Negative Consequences" and "Potential Positive Consequences."</p> <p><i>In your small groups, list as many consequences of sexual activity as possible in three minutes. Include potential positive and negative consequences. In three minutes, I will call on spokespersons to share your lists.</i></p> <p>After three minutes, call on each spokesperson to share one potential positive consequence. Record each one on the appropriate chart. Use a different colored marker for each consequence so that you can pair the ideas in the second column using the same color. Leave space between the consequences to allow for more than one idea for each consequence in the second column. See the teacher reference, "Things to Consider," for an example. Continue until all positive consequences have been shared.</p> <p><i>Obviously, sexual intercourse can result in some potential positive consequences or no one would ever do it. Unfortunately, some of these positives are not likely to result if a young person has sex. Some positives on this list are myths; they are not really the result of having sex at all.</i></p> <p>Refer to the teacher reference, "Things to Consider," to guide the discussion. Cross out positives that are myths as you explain why they are not consequences of having sex.</p>

	<p><i>Now, let's consider the possible negative consequences of sexual intercourse.</i></p> <p>Call on each spokesperson to share one negative consequence. Record each one on the appropriate chart. Use a different colored marker for each consequence so that you can pair the ideas in the second column using the same color. Leave space between the consequences to allow for more than one idea for each consequence in the second column. See the teacher reference, "Things to Consider," for an example. Continue until all negative consequences have been shared.</p> <p><i>What do you notice about our two lists?</i></p> <p>Answer: There seem to be more possible negative consequences for having sexual intercourse, than positive.</p> <p>Refer to the teacher reference, "Things to Consider," to guide the discussion. Add negative consequences that were not mentioned and explain as needed.</p>
<p>Discuss ways to experience positive consequences without having sex and ways to reduce the risks of having sexual intercourse.</p>	<p><i>Let's look at our list of potential positive consequences again. What are some ways to experience these positive things without having sex?</i></p> <p>Go through the list on the chart. Use the same color marker as used for the positive consequence to record ideas on the side of the chart titled "Other Ways." Record the ideas across from the consequence.</p> <p>Refer to the teacher reference, "Things to Consider," to guide the discussion. Add other ideas that were not mentioned and explain as needed.</p> <p><i>Sexual intercourse can result in negative consequences, especially if a person is not totally prepared for this big decision. Let's talk about ways to reduce these negative consequences.</i></p> <p><i>In your small group, identify ways to reduce each negative consequence. In three minutes I will call on spokespersons to share your ideas.</i></p> <p>After three minutes, read the first negative consequence on the list and call on each spokesperson to share one idea for reducing risks. Use the same color marker as used for the negative consequence to record ideas on the side of the chart titled "Risk Reduction." Record ideas across from the consequence it can reduce. Continue until all ideas have been shared.</p> <p>Refer to the teacher reference, "Things to Consider," to guide the discussion. Add risk reduction strategies that were not mentioned and explain as needed.</p>
<p>Review abstinence as the only 100% effective way to eliminate negative consequences.</p>	<p>Circle the words "abstinence" or "don't have sex" on the chart of risk reduction ideas.</p> <p><i>Probably each small group included "abstinence" or "don't have sex" on your list of ways to prevent the negative consequences of sex. This is the only sure way not to become infected with STIs or to experience a pregnancy. You can always choose to say "not now" to sex, even if you have had sex in the past. This is the healthiest choice for young people. It is also the legal choice for anyone under age 16.</i></p> <div data-bbox="513 1654 609 1759" data-label="Image"> </div> <p>Review appendix P, "Overview of Laws Related to Minors in Michigan," for more information on laws pertaining to minors having sexual intercourse.</p> <p><i>In an earlier lesson, you identified some personal boundaries that would help you remain HIV free. Not having sexual intercourse is one of these boundaries.</i></p>



- Check the condom to be sure there are no holes or tears in the condom wrapper and that it is not outdated. Holes or tears may mean that the condom has been damaged. Condoms have an expiration date just like some foods or medicines. Outdated condoms are more likely to break. Storing them in very cold or very hot locations can reduce their effectiveness.

If you decide to have sexual intercourse, follow these steps for correct condom use:

1. Remove the condom from the package carefully so that it doesn't rip. Do not use your teeth, scissors, fingernails, or any other sharp object.
2. Do not unroll or damage the condom before it is on the penis. Do not blow into it. Don't twist, bite, poke, or otherwise damage the condom. A damaged condom might allow fluid to leak out, possibly infecting your partner.
3. Put a couple drops of lubricant inside the condom. This will increase the comfort.
4. Place the condom on the penis as soon as the penis is hard and before genital contact. This will help a person catch all of the semen that is ejaculated. Sometimes semen comes out before sexual intercourse. Make sure the roll is on the outside, so the condom can roll down the penis.
5. Pinch the tip of the condom to remove air and leave one-half inch extra space at the tip of the condom to catch the ejaculate if the condom does not have a nipple. This provides a space for the ejaculate to go. If there isn't room at the end of the condom, the condom might tear. Condoms with a nipple at the end are easier to use.
6. Roll the condom on all the way to the base of the penis. This will help to prevent it from coming off. Smooth out air bubbles as the condom unrolls.
7. Put lubricant on the outside of the condom. This will help to prevent tears.

After sexual intercourse:

1. Hold the condom at the rim and withdraw the penis from the partner soon after ejaculation, before the penis becomes soft following sexual intercourse. This will prevent the condom from coming off inside the partner and spilling the fluids it contains.
2. Slide the condom gently off the penis. Don't tug or pull the condom off. It may tear.
3. Keep the used condom away from the partner's body, especially his or her genitals. If some of the fluid spills, the partner might become infected.
4. Tie the condom in a knot to prevent spilling the semen, vaginal, or anal secretions.
5. Wrap the condom in tissue and dispose of it in a wastebasket, not in a toilet or where pets can get to it. Use a condom only once.
6. Wash your hands or body parts if a spill occurs. Your hands are used to touch so many other things that, if fluids remain on your hands, you could transmit infections.

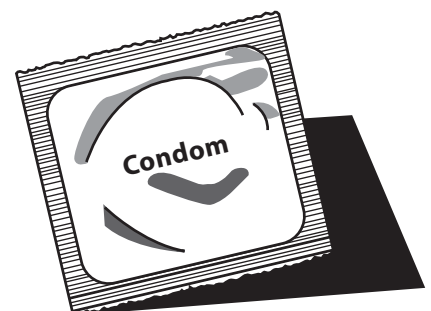
Review appendix L, "Condoms and STDs: Fact Sheet for Public Health Personnel," or visit these websites for additional information:

Centers for Disease Control and Prevention

- www.cdc.gov

World Health Organization

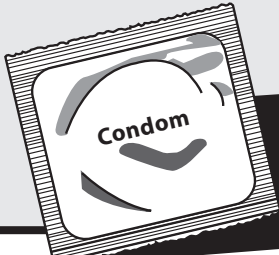
- www.who.int





Condoms: Use Correctly and Consistently

Directions: Review the steps for correct condom use that your group is assigned. Answer the questions on the right-hand side of the chart across from your assigned steps. Be prepared to share your answers.

BEFORE CONDOM USE	
<p>Group 1</p> <ul style="list-style-type: none"> • <u>Talk</u> with your partner about the possible consequences of having sex. • <u>Wait</u> until both people are of legal age and willingly agree to have sexual intercourse. • <u>Talk</u> about how you will reduce the risks of pregnancy and STIs. 	<p>Answer These Questions</p> <ul style="list-style-type: none"> • Why do you think these three steps are important? • Why do you think these steps are first? • What is the legal age for sex?
<p>Group 2</p> <ul style="list-style-type: none"> • <u>Choose</u> a latex or polyurethane condom. • <u>Obtain</u> condoms and a water-based or silicone lubricant. • <u>Look</u> at the condom to be sure there are no holes or tears in the condom wrapper and that it is not outdated. 	<p>Answer These Questions</p> <ul style="list-style-type: none"> • Why do you think these three steps are important? • Where would you get condoms? • Why is the type of condom important?

Assessment Available for *The Michigan Model for Health™*

Growing Up and Staying Healthy: Understanding HIV and Other STIs **A Module for Grades 7-8**

There are two forms of assessment in the *Michigan Model for Health™* lessons. One form, curriculum-embedded assessment, is present at the end of the lessons in the form of rubrics and checklists for scoring student work. These assessments were developed specifically for the instructional activities in the lessons and are excellent classroom-level tools for assessing student performance on the knowledge and skills taught in *Growing Up and Staying Healthy: Understanding HIV and Other STIs*. Embedded assessments are listed in the Time and Materials Chart and noted in the Preparation section at the beginning of each lesson.

Also included behind this tab is the other form of assessment, a collection of pre-/post-tests for this module. These instruments are designed to help educators assess the change in knowledge, skills, and attitudes as a result of teaching this curriculum. Electronic copy masters of the tests are included on the Teacher Resources flash drive packaged with this manual.





INSTRUCTION GUIDE

The *Michigan Model for Health™ (Michigan Model)* Pre-Post Test is an evaluation instrument for the Grades 7-8 *Michigan Model* Curriculum. This Instruction Guide provides information on the *Michigan Model* Pre-/Post-Test and how to use it in your evaluation.

There are three parts to this Instruction Guide:

- **Part 1** provides an overview of the *Michigan Model* Pre-/Post-Test and describes the different sections of the instrument,
- **Part 2** provides instructions on how to administer the *Michigan Model* Pre-/Post-Test to students, and
- **Part 3** discusses how to score, analyze, and interpret the *Michigan Model* Pre-/Post-Test results.

Part 1: Overview of Pre-/Post-Test

Purpose of the Pre-/Post-Test

The *Michigan Model for Health™ (Michigan Model)* is a comprehensive health education curriculum that facilitates skills-based learning through lessons that include a variety of teaching and learning techniques to build positive lifestyle behaviors in students and families. **In addition, the *Michigan Model* targets all of the most serious health challenges faced by students at elementary and secondary grades**, including social and emotional health; nutrition and physical activity; alcohol, tobacco and other drugs; safety; personal health and wellness (elementary); and HIV (upper elementary and secondary).

Because the *Michigan Model* is comprehensive in nature, there are many potential variables that could be included in an evaluation of the program. In addition, those interested in the impact of the *Michigan Model* program are likely to have a variety of reasons for conducting an evaluation. Some may be primarily interested in examining changes in attitudes among students while others may be interested in examining changes in skills taught in the program.

The *Michigan Model* Pre-/Post-Test has several important features:

- **Each unit has a separate test:** (a) Nutrition & Physical Activity; (b) Tobacco & Vaping; (c) Social and Emotional Health & Safety; (d) Alcohol & Other Drugs; (e) HIV & Other STIS.
- **Each test measures a variety of variables**, including concepts, skills, attitudes, and/or behaviors.

- **Each test is reliable and valid.** The test items showed adequate test-retest reliability over a three-week period and were judged by a panel of health education experts to measure the intended constructs.

Part 2: Administering the Pre-/Post-Test

Pre-/Post-Test Schedule

The Pre-Test assessment should take place before starting the *Michigan Model* curriculum. Administering the Pre-Test within a week before starting *Michigan Model* is best.

The Post-Test assessment should be conducted after the program has been completed. Administering the Post-Test within a week after completing *Michigan Model* is best.

Follow-up Post-Test assessments are desirable to determine whether any changes emerged or were sustained over a long-term period. Any Follow-up Post-Tests should occur after enough time has passed (at least one month is best) to allow students to practice the skills they've learned.

Pre-/Post-Test Options

If more than one unit of the *Michigan Model* will be taught (e.g., Social and Emotional Healthy & Safety, and Nutrition & Physical Activity), **there are at least two options for conducting the Pre-/Post-Tests:** (a) conduct all of the tests corresponding to those units at one time for the Pre-Test, prior to teaching any units, and conduct tests of all the units at the Post-Test, after all units are taught; or (b) conduct the Pre-/Post-Test for each unit separately, just before and after each unit is taught.

If the entire *Michigan Model* Grades 7-8 curriculum will be taught and you plan to pre-test all of the units before beginning to teach, two testing sessions (e.g., Pre-Test) are recommended in order to maximize student concentration and minimize fatigue. For example, the first testing session could include Social and Emotional Health & Safety and Tobacco & Vaping. The second testing session could cover Alcohol, & Other Drugs; and Nutrition & Physical Activity.

Pre-/Post-Test Data Collection

Data collection should be done consistently to ensure reliable results. Here are some suggested guidelines:

1. Prior to the survey, make sure each student:

- has a copy of the survey,
- has a pen or pencil, and
- is seated far enough away from the others to ensure his or her answers can remain private.

2. To begin the survey, read the following script to the students:

(Pre-Test assessment only) “We would like you to answer some questions. We want to know how students your age, think, and feel. We hope that you will have fun and find it interesting to answer these questions.”

(Post-Test assessment only) “We know that most of you have completed this survey before. However, we are interested in what your answers are to the questions NOW.

“Give the best answer you can. Work quickly but carefully. The questions will give you different options for answering. Remember, choose the answer that best fits you. Make sure that you give only one answer for each question.

“Your information will be kept private. Do not say your answers out loud. If you don’t want to answer a question, leave it blank. If you do not understand a question, raise your hand and I will help you.”

Part 3: Scoring and Analyzing the Results

Scoring the Results

For most purposes, the best scoring method is to tally the number correct for each student. Use the answer key which is immediately following the Pre-/Post Test to score each item. Each correct item is worth one point.

If percentages are needed to determine whether a performance goal was met (e.g., at least 80% correct), calculate the percent correct by adding up the number correct and dividing by the total number of items for that test.

EXAMPLE: Calculate Percent Correct

Nutrition and Physical Activity Pre-/Post-Test (22 items):

Student #	Pre-Test		Post-Test	
	# correct	% correct	# correct	% correct
01	5	5/22 = 23%	15	15/22 = 68%
02	8	8/22 = 36%	18	18/22 = 82%
03	14	14/22 = 64%	20	20/22 = 91%

Analyzing the Results

Analyzing data can involve tests for “statistical” significance and “social” significance. Tests of statistical significance reflect whether the observed results are reliable and not due to chance. Statistical testing involves technical skills that may require assistance from a program evaluator or other expert.

Tests for social significance, or “real-world” impact, are usually based upon whether the observed results meet a pre-determined performance level (e.g., at least 80% correct).

The following are questions that help analyze the social significance of the results.

- **Were the outcomes in the expected direction?** The direction of change is a basic yet important indicator, especially when the outcomes did not meet or exceed the performance goal(s), because at least you’ll know whether you are moving in the right direction. If the outcomes are in the opposite direction or not as robust as expected, a careful review of the program and process evaluation should occur.

- **Did the outcomes meet or exceed the expected performance level(s)?** This is the “bottom-line” question of your analysis, because it relates directly to the expected outcome.
- **Were the outcomes different for various groups (e.g., males vs. females)?** Not all subgroups may have similar outcomes, so it may be important to report any differences. In addition, any subgroup differences should be considered and monitored as part of the program improvements in subsequent years.
- **Were there unintended positive or negative outcomes?** Not all outcomes can be anticipated, so it’s important to identify and report any unintended results. Typically, unintended or negative outcomes emerge and can be understood better when a variety of stakeholders, such as those comprising a school health advisory council, are involved in the interpretation of the results. For example, high prevalence of attitudes favoring drug use among a few students may reveal an isolated problem noticed by teacher or parents.
- **How clearly were the outcomes attributable to the program?** There are various levels of confidence in attributing student outcomes to programming. Generally speaking, more confidence in the link between programs and outcomes results from implementing evidence-based programs such as the *Michigan Model for Health™*, because such programs have track records of effectiveness when implemented with fidelity. An additional approach to determining a positive program effect is the use of a *comparison group* or *control group*.¹ These groups have not received the program but are otherwise similar to the program group (e.g., in age, gender composition, and risk status). If the program group changed in the expected direction, but the comparison/control group did not, there is strong evidence of successful, program-related outcomes.

What If the Pre-/Post-Test Results Are Negative?

Usually, the concern about negative results lies in whether an intended performance goal was achieved. Although negative results can be demoralizing, they shouldn’t be minimized or ignored, but rather seen as an opportunity for stakeholders, such as those comprising a school health advisory council, to reflect upon the program and related factors that may have accounted for the unwanted results.

It is also important to realize that negative results can emerge even after years of successful programming and outcomes, which might be attributable to changes in the student population and/or shifts in community attitudes (e.g., toward drug use).

Negative results could be due to one or more of the following reasons, all of which should be considered in efforts to improve program outcome in future years:

- **The Pre-/Post-Test was not administered properly.** Negative results could be due to a variety of poor testing conditions, including incomplete test directions, hurrying the respondents, or even the attitude of the test administrator. Make sure that the administration procedures (provided in Part 2) are followed and that the same procedures are used for each testing session.
- **The program was not implemented completely or competently (with “fidelity”).** Negative results commonly originate from poor or incomplete planning and execution of the program. The Pre-/Post-Test for each unit (e.g., Safety) is designed under the assumption that all lessons for that unit have been implemented with fidelity by a person trained to teach the *Michigan Model for Health™*.

¹Essentially, a control group and comparison group serve the same purpose, but a control group is selected through random assignment, whereas a comparison group is chosen through non-random methods. The clearest link between student outcomes and programming is made by using a control group. However, random assignment is a sophisticated process and is not always practical. Check with a professional evaluator for advice and assistance.

- **There were unexpected roadblocks.** Even if the *Michigan Model* is implemented with fidelity by trained teachers, there may be unforeseen roadblocks to successful outcomes. For example, the program may have been received poorly by the students, or students did not participate as planned. It's also possible that an event in the district, such as a recent lapse in enforcement of rules against violence, may have weakened the prevention message. Because unanticipated roadblocks are possible, it's critical to detect them early and take steps to overcome them.
- **The performance goal was not realistic.** If negative results were found despite implementing the program with fidelity by a trained teacher without incurring significant roadblocks, consider whether the original goals were on track. Was the timeline for change too short? Was the targeted behavior too resistant to change? Were the students more at-risk than originally believed? Finding answers to these questions usually involves a thorough needs assessment that includes not only a general review of objective risk factors and protective factors in the student population, but also reactions from trusted program participants and other students to determine their unmet needs and concerns.

HIV/STI Prevention

These questions are about HIV/STI prevention. Choose the best answer.

1. Human Immunodeficiency Virus (HIV) causes HIV infection.
 - ☐ Yes
 - ☐ Maybe
 - ☐ Maybe not
 - ☐ No
2. Most people got infected with HIV through sharing needles.
 - ☐ Yes
 - ☐ Maybe
 - ☐ Maybe not
 - ☐ No
3. The second major cause of HIV infection is sexual intercourse.
 - ☐ Yes
 - ☐ Maybe
 - ☐ Maybe not
 - ☐ No
4. A person with HIV can live a long time.
 - ☐ Yes
 - ☐ Maybe
 - ☐ Maybe not
 - ☐ No
5. People infected with HIV are able to transmit HIV to others even if they feel well and look healthy.
 - ☐ Yes
 - ☐ Maybe
 - ☐ Maybe not
 - ☐ No
6. Which of the following is an STI?
 - ☐ Herpes
 - ☐ Gonorrhea
 - ☐ Chlamydia
 - ☐ Human Papillomavirus (HPV)
 - ☐ All of the above
7. Which of the following puts somebody at risk for HIV and Sexually Transmitted Infections (STIs)?
 - ☐ Sexual intercourse
 - ☐ Sharing needles for drugs, body piercing, or tattooing
 - ☐ Contact with blood, sores, or rashes
 - ☐ All of the above.
8. Which of the following increases the risk for STIs?
 - ☐ Vaginal intercourse with a person with a STI
 - ☐ Oral sex with a person with a STI
 - ☐ Anal sex with a person with a STI
 - ☐ All of the above.
9. Which of the following has no known cure?
 - ☐ Herpes
 - ☐ Gonorrhea
 - ☐ Chlamydia
 - ☐ Syphilis
10. Which of the following is a way drug use results in HIV infection?
 - ☐ Sharing needles to use drugs.
 - ☐ Taking too many pills.
 - ☐ Sharing my asthma inhaler with someone else who is having trouble breathing.
 - ☐ Taking pills you got from a friend when you have a headache.

11. Which of the following actions would put a person at the MOST risk of getting HIV?
- ☐ Hugging
 - ☐ Sneezing
 - ☐ Eating lunch together
 - ☐ Injecting illegal drugs with a needle
12. Emma wants to learn more about HIV and STIs. Which resource would be able to help Emma?
- ☐ A health website sponsored by the government or a university.
 - ☐ A health professional such as a physician or nurse.
 - ☐ Local counseling agencies or organizations that give information about HIV and STIs.
 - ☐ All of the above.
13. Which of the following is the BEST Internet source to learn more about the dangers of HIV and STIs?
- ☐ A website ending in .gov or .edu.
 - ☐ A website ending in .com.
 - ☐ A website ending in .tv.
 - ☐ None of the above, don't use the Internet.
14. Which of the following is a potentially risky situation for engaging in sexual activity?
- ☐ Going out with someone you don't know very well.
 - ☐ Going to parties where alcohol and other drugs are being used.
 - ☐ Going to houses where no parents or other adults are supervising.
 - ☐ All of the above.
15. Most U.S. students in grade 7, 8 and 9 have not had sexual intercourse.
- ☐ True.
 - ☐ False.
16. José is a student playground aide. One day a girl fell and cut her knee. How could José help the bleeding student?
- ☐ Put his hand over the cut to stop the bleeding.
 - ☐ Ask another student to get an adult to help.
 - ☐ Ask another student to put his or her hand over the cut.
 - ☐ Ignore the student because it wasn't that bad a cut.
17. Jessi's boyfriend wants to take her to a party where there will be kids using alcohol and other drugs, but her boyfriend wants her to go anyway. What is the BEST way for Jessi to tell her boyfriend that she does not want to go?
- ☐ In a firm voice (without yelling), say, "I am your girlfriend, but I don't want to go to the party."
 - ☐ Say, "Maybe I could go for a short time, as long as I don't have to talk with anybody."
 - ☐ Go with her boyfriend, but leave her mom a message about where she is.
 - ☐ In a soft voice, say, "I really shouldn't go to the party."
18. Which of the following is a good way to communicate nonverbally (without using words)?
- ☐ Stand or sit straight and tall.
 - ☐ Use eye contact when speaking.
 - ☐ Stand face-to-face.
 - ☐ All of the above.
19. To improve communication when a friend is talking, you should do the following:
- ☐ While your friend is talking, be thinking about what you'll say next.
 - ☐ Ask questions to understand what he or she is saying.
 - ☐ Continue to do something else, but quietly.
 - ☐ Look behind your friend to see if anything else is happening.

20. Which of the following is an effective way to refuse to do something?

- ☐ Say a direct "no."
- ☐ Suggest another activity.
- ☐ Repeat the same phrase over and over again.
- ☐ Walk away.
- ☐ All of the above.

21. Which questions should a person answer before deciding to have sex?

- ☐ What are my values and beliefs about sex?
- ☐ What would my parents or family think about me being in a sexual relationship?
- ☐ Am I feeling pressured to have sex?
- ☐ All of the above.

22. Which of the following is NOT a way to show friendship and caring for someone who is infected with HIV or has AIDS:

- ☐ Ask if he or she would like to join your games and activities.
- ☐ Treat him or her like you would any other friend.
- ☐ Show concern by telling others about someone's HIV infection, even if you don't have permission.
- ☐ Listen when he or she feels like talking.

For the next questions (23a-e), choose "Yes," "No," or "I don't know."

23. Andrew wants to encourage, or advocate for, people to follow guidelines for avoiding HIV and STIs. He should:

- a. Take a clear health-enhancing stand.
 - ☐ Yes
 - ☐ No
 - ☐ I don't know
- b. Support his position with relevant facts.
 - ☐ Yes
 - ☐ No
 - ☐ I don't know

c. Show an awareness of the person(s) he is addressing.

- ☐ Yes
- ☐ No
- ☐ I don't know

d. Encourage others to make healthy choices.

- ☐ Yes
- ☐ No
- ☐ I don't know

e. Demonstrate passion or conviction for the issues.

- ☐ Yes
- ☐ No
- ☐ I don't know

24. Do you set goals for yourself?

- ☐ Yes, always
- ☐ Yes, most times
- ☐ Yes, sometimes
- ☐ No

25. When you set a goal, do you plan what you will need to do to reach it?

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7-8

Michigan Model for Health™ Pre-/Post-Test ANSWER KEY

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 - ☐ I don't know
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 - ☐ No
 - ☐ I don't know

c. Show an awareness of the person(s) he is addressing.

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- ☐ No
- ☐ I don't know

d. Encourage others to make healthy choices.

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- ☐ I don't know

e. Demonstrate passion or conviction for the issues.

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- ☒ Yes, always
- or ☒ Yes, most times
- ☐ Yes, sometimes
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HIV/STI and Sex Education in Michigan Public Schools

A Summary of Legal Obligations and Best Practices HIV/STI and Sex Education in Michigan Public Schools



This document is a summary of legal statutes, departmental interpretations, and best practices pertaining to HIV/STI and sex education in Michigan public schools. This summary should not be used to replace statute. For the exact language of the MCL, go to www.michiganlegislature.org. Concerns regarding interpretation should be directed to legal counsel.

Key Components, the Law, and Best Practice	
Mandated HIV and Allowed Sex Education	<p>School districts are required to teach about dangerous communicable diseases, including, but not limited to, HIV/AIDS. (§380.1169) Instruction regarding dangerous communicable diseases, including, but not limited to, HIV/AIDS, must be offered at least once a year at every building level (elementary, middle/junior, senior high).</p> <p>School districts can choose to teach sex education. If they do, they must do so in accordance with those sections of the Michigan Compiled Laws (MCL) related to sex education and reproductive health. (§380.1506, §380.1507, §380.1507a, §380.1507b, §388.1766, §388.1766a)</p>
Parental Rights and Exclusion From Instruction	<p>For HIV/AIDS and sex education instruction, parents and/or legal guardians must be notified in advance of:</p> <ul style="list-style-type: none"> • The content of the instruction. • Their right to review materials in advance. • Their right to observe instruction. • Their right to excuse their child without penalty. (§380.1507, §388.1766) <p>For sex education only, if a parent or legal guardian files a continuing written notice (i.e., a request to have their child permanently excluded from sex education classes), the student shall not be enrolled in the class(es) unless the parent or legal guardian submits a written authorization for that enrollment. (§380.1507a)</p>
Sex Education Advisory Board Membership	<p>Every district that chooses to implement sex education must have a sex education advisory board (SEAB).</p> <ul style="list-style-type: none"> • The local school board determines the terms of service, the number of members, and a membership selection process that reasonably reflects the school district population. • The SEAB must include: parents of children attending the district's schools, pupils in the district's schools, educators, local clergy, and community health professionals. • At least half of the members must be parents who have a child attending a school operated by the school district. A majority of those parent members must not be employed by a school district. • Members must be given two weeks written or electronic notice of meetings. (§380.1507)
SEAB Chairs	<p>Two co-chairs must be appointed by the school board to chair the SEAB, at least one of whom is a parent of a child attending a school operated by the school district. (§380.1507)</p>
SEAB Role	<p>The SEAB is responsible for:</p> <ul style="list-style-type: none"> • Establishing program goals and objectives for pupil knowledge and skills that are likely to reduce the rates of sex, pregnancy, and STDs. • Reviewing and recommending materials and methods to the local school board, taking into consideration the district's needs, demographics, and trends including, but not limited to, teenage pregnancy rates, STD rates, and incidents of sexual violence and harassment. • Evaluating, measuring, and reporting the attainment of program goals and objectives and making the resulting report available to parents in the district at least once every two years. (§380.1507)

Appendix D: HIV/STI and Sex Education in Michigan Public Schools (continued)

Sex Education Supervisor	Every district choosing to have a sex education program must have a sex education supervisor , approved by the Michigan Department of Education (MDE), who oversees the program of instruction. (§380.1506, §380.1507)
Required Content Including Emphasis on Abstinence	<p>Instruction in HIV/AIDS and sex education must stress that abstinence from sex is a responsible and effective method of preventing unplanned or out-of-wedlock pregnancy, and that it is the only protection that is 100% effective against unplanned pregnancy, sexually transmitted disease, and sexually transmitted HIV infection and AIDS. (§380.1169, §380.1507, §380.1507b)</p> <p>Instruction in HIV/AIDS must include the principal modes by which dangerous communicable diseases are spread and the best methods for the restriction and prevention of these diseases. (§380.1169)</p> <p>Sex education material discussing sex must be age-appropriate, must not be medically inaccurate, and must do all of the following:</p> <ol style="list-style-type: none"> Discuss the benefits of abstaining from sex until marriage and the benefits of ceasing sex if a pupil is sexually active. Include a discussion of the possible emotional, economic, and legal consequences of sex. Stress that unplanned pregnancy and sexually transmitted diseases are serious possibilities of sexual intercourse that are not fully preventable except by abstinence. Advise pupils of the laws pertaining to their responsibility as parents to children born in and out of wedlock. Ensure that pupils are not taught in a way that condones the violation of laws of this state pertaining to sexuality, including, but not limited to, those relating to sodomy, indecent exposure, gross indecency, and criminal sexual conduct in the first, second, third, and fourth degrees. Teach pupils how to say “no” to sexual advances and that is wrong to take advantage of, harass, or exploit another person sexually. Teach refusal skills and encourage pupils to resist pressure to engage in risky behavior. Teach that the pupil has the power to control personal behavior, and teach pupils to base their actions on reasoning, self-discipline, a sense of responsibility, self-control, and ethical considerations, such as respect for self and others. Provide instruction on healthy dating relationships and on how to set limits and recognize a dangerous environment. Provide information for pupils about how young parents can learn more about adoption services and about the provisions of the Safe Delivery of Newborns Law. Include information clearly informing pupils that having sex or sexual contact with an individual under the age of 16 is a crime punishable by imprisonment and that one of the other results of being convicted of this crime may be to be listed on the sex offender registry for 15 years, 25 years, or life.¹ (§380.1507b)
Allowed Content Regarding Risk Reduction	<p>School districts must teach about the best methods for the restriction and prevention of dangerous communicable diseases, including, but not limited to HIV/AIDS. (§380.1169)</p> <p>Districts are not prohibited from teaching about behavioral risk reduction strategies, including the use of condoms, within their sex education program. (§380.1507)</p>
Prohibited Content or Actions	<p>Clinical abortion cannot be considered a method of family planning, nor can abortion be taught as a method of reproductive health. (§380.1507) “Family planning” means to regulate the number and spacing of children in a family through the practice of contraception or other methods of birth control. “Reproductive health” means that state of an individual’s well-being which involves the reproductive system and its physiological, psychological, and endocrinological functions. (§380.1506)</p> <p>A person cannot dispense or otherwise distribute a family planning drug or device in a public school or on public school property. (§380.1507)</p>

¹The wording of “k” has been revised to be consistent with changes to the Sex Offender Registry Act passed with Public Acts 17-19 of 2011. See http://www.michigan.gov/documents/mde/memo_2011_SORA_and_Sex_Ed_366707_7.pdf

Appendix D: HIV/STI and Sex Education in Michigan Public Schools (continued)

Prohibited Content or Actions	A school official, member of a governing board, employee of the district or intermediate district, or other person is prohibited from referring a student for an abortion or assisting a student in obtaining an abortion. , (§388.1766)
Sex Education Program Parameters	The definition determines which content and materials are considered “sex education” and need to go through the approval and parent notification process detailed in §380.1507 and §388.1766a. Many districts have found it useful to develop or adopt a definition of sex education that aligns with existing definitional language in the law.
Approval Process	Curricula, materials, and methods used as a part of HIV/STI or sex education instruction offered by a school district must go through the formal approval process, including two public hearings and school board approval (§380.1169, §380.1507), in advance of instruction regardless of the: <ul style="list-style-type: none"> • class in which it is taught (e.g., health class, school-wide assembly, English class); • person providing the instruction (teacher, school nurse, guest speaker); or • place the instruction takes place (within the building versus off the school premises).
Teacher Qualifications	<p>Each person who teaches K-12 pupils about HIV/AIDS shall have training in HIV and AIDS education for young people. (§380.1169) Any certified teacher who has completed this training may teach HIV/AIDS prevention.</p> <p>In order to teach sex education, teachers must be qualified to teach health.² (§380.1507) At the secondary level, this means teachers must have either the MA (health), MX (health, physical education, recreation and dance), or KH (family and consumer science) endorsement. If course content and lessons are being taught outside of the classroom setting, but within the instructional day, state law regarding teacher qualification applies. Because the classroom teacher is ultimately responsible for all instruction, the teacher must always be in the classroom if guest speakers are presenting.</p> <p>Trainings in both HIV/AIDS and sex education/reproductive health are usually offered through the regional school health coordinator that serves that school district. The MDE therefore recommends that teachers of sexuality education receive a minimum of six clock-hours of professional development in sexuality education content, teaching methods, and Michigan laws at least once every five years. The Office of Professional Preparation Services at MDE accepts applications from districts for full-year permits that allow certified teachers to teach without the required endorsements, while pursuing coursework toward earning the endorsement.</p>
Disciplinary Policy	The governing board of a district or intermediate district shall adopt and implement a disciplinary policy for a school official, member of a governing board, or employee of the district or intermediate district, who is not the parent or legal guardian of that pupil, who refers a pupil for an abortion or assists a pupil in obtaining an abortion.
Complaint Process	<p>If a parent or legal guardian of a pupil enrolled in a district or intermediate district (ISD) believes that the district or intermediate district has violated §388.1766, §388.1766a or sections of Michigan law pertaining to HIV/AIDS instruction or sex education (§380.1169, §380.1506, §380.1507), they can file a complaint with the superintendent or chief administrator of the district or ISD in which the pupil is enrolled. The district has 30 days to investigate, provide a written report, and if violations are found, develop a plan for corrective action. The district has an additional 30 days to take corrective action.</p> <p>If the parent is not satisfied with the investigation or findings made by the superintendent, the parent can appeal the findings to the ISD in which the district is located. The ISD has 30 days to investigate, provide a written report, and if violations are found, develop a plan for corrective action. The district has an additional 30 days to take corrective action.</p> <p>If the parent is not satisfied with the investigation or findings made by the ISD superintendent, the parent can appeal the findings to the MDE. The MDE has 90 days to investigate, provide a written report, and if violations are found, develop a plan for corrective action. The district has an additional 30 days to take corrective action. (§380.1766)</p>

²See the section on teacher qualifications at www.michigan.gov/hived

Appendix D: HIV/STI and Sex Education in Michigan Public Schools (continued)

Penalties	If an investigation conducted by MDE (see Complaint Process section) reveals that a district or ISD has committed one or more violations of the following sections of the Revised School Code or State School Aid Act (§380.1169, §380.1506, §380.1507, §388.1766, §388.1766a) the district or intermediate district shall forfeit an amount equal to 1% of its total state school aid allocation. (§388.1766a)
State Board Policy	The Michigan State Board of Education adopted a Policy to Promote Health and Prevent Disease and Pregnancy in September of 2003. The policy recommends that local school boards select, adopt, and implement comprehensive sexuality education programs that are based on sound science and proven principles of instruction. For a copy, go to www.michigan.gov/hived , under Law and Policy; click "State Board of Education Policy to Promote Health and Prevent Disease and Pregnancy."
Health Education Standards and Model Curricula	<p>In 2007, the Michigan State Board of Education adopted the Grade Level Content Expectations (GLCEs) for Grades K-8 and Michigan Merit Curriculum Credit Guidelines (MMC) for Grades 9-12 for Health Education. The GLCEs and MMC for Health Education provide recommendations for content and skills to include in HIV prevention (Strand 6), and growth and development and sex education (Strand 7) at specific grade levels.</p> <p>Michigan's model health education curriculum, the <i>Michigan Model for Health™</i>, is aligned with the GLCEs and MMC and is used by a majority of school districts in Michigan. It includes model curricula on HIV/STI prevention for Grades 4 and 5, 7-8, and 9-12. Districts can choose to adopt, adapt, or disregard the model curriculum and implement commercially or locally developed curricula.</p>

Key to Michigan Compiled Laws Regarding HIV/STI and Sex Education			
MCL No.	Public Act	Last Action	Focus
380.1169	School Code	Amended 6/2004	Dangerous communicable diseases; human immunodeficiency virus infection and acquired immunodeficiency virus infection; teacher training; teaching materials; curricula; teaching of abstinence from sex.
380.1506	School Code	Amended 11/1977	Program of instruction in reproductive health; supervision; request to excuse pupil from attendance; "reproductive health" defined.
380.1507	School Code	Amended 6/2004	Instruction in sex education; instructors, facilities, and equipment; stressing abstinence from sex; elective class; notice to parent or guardian; request to excuse pupil from attendance; qualifications of teacher, sex education advisory board public hearing distribution of family planning drug or device prohibited; "family planning," "class," and "course" defined.
380.1507a	School Code	Added 7/1996	Notice of excuse from class; enrollment.
380.1507b	School Code	Amended 6/2004	Sex education and instruction; curriculum requirements.
388.1766	State Aid Act	Amended 10/2019	Disciplinary policy for referral of pupil for abortion or assisting pupil in obtaining abortion.
388.1766a	State Aid Act	Amended 10/2019	Instruction in reproductive health or other sex education; requirements; complaint process.

For more information on HIV/STI and sex education in Michigan public schools, go to the MDE web site, www.michigan.gov/hived. Questions should be directed to Laurie Bechhofer, MDE HIV/STD Consultant, at 517-335-7252 or BechhoferL@michigan.gov

Resources for Complying With Michigan's Sex Education Laws*

Parent Notification

- See Appendix F for Sample Notification Letter.

Child Support (requirement d)

- Information about Michigan's child support law is on the Michigan Department of Health and Human Services website: www.michigan.gov/childsupport.
- An order form to get free materials related to child support from the Michigan Department of Health and Human Services: www.michigan.gov/childsupport
- A free booklet, "Understanding Child Support: A Handbook for Parents" from the Michigan Department of Health and Human Services: http://michigan.gov/documents/dhs/DHS-PUB-748_209001_7.pdf

Safe Delivery of Newborns (requirement j)

- Information about Michigan's Safe Delivery law is on the Michigan Department of Health and Human Services website: www.michigan.gov/safedelivery.
- General provisions of the Safe Delivery of Newborns law at the Michigan Department of Health and Human Services website: <http://www.michigan.gov/mdhhs>
- Downloadable information on the safe delivery act targeting teens, as well as young adults, from the Michigan Department of Health and Human Services: http://www.michigan.gov/documents/DHS-PUB-0864_162165_7.pdf

Adoption (requirement j)

- Comprehensive information about adoption is available at Michigan's adoption website: www.michigan.gov/adoption
- Adoption Information from the Michigan Department of Health and Human Services: <http://www.michigan.gov/mdhhs>
- "Adopting a Child in Michigan" (Pub823) from Michigan Department of Health and Human Services: <http://www.michigan.gov/mdhhs>
- Updated lists of public and private licensed adoption agencies at the Michigan Adoption Resource Exchange (MARE) website: <http://www.mare.org>

Sex Under the Age of Consent (requirement k)

- Information about teaching students about the current Sex Offender Registry Act is available at the Michigan Department of Education website: <http://www.michigan.gov/mde>

* See Appendix D for an explanation of Michigan's sex education laws and requirements a through k.

Sample Notification Letter

Growing Up and Staying Healthy: Understanding HIV and Other STIs

[Insert name of School or District] Notification to Parents/Guardians for Michigan Model for Health™ HIV/STI Prevention Module

Dear Parent or Guardian:

We are about to begin teaching *Growing Up and Staying Healthy: Understanding HIV and Others* in our [insert grade] class. This program of instruction was approved by the [insert name of school or district] Board of Education. As a parent, you have several rights:

- You must be notified prior to instruction on sex education and/or HIV/STI prevention.
- You may preview the curriculum and materials. To do so, please contact:
[Insert name and contact information for the person who will schedule previews.]
- You may view the lessons being taught if you wish. To do so, you must schedule your visit at least 48 hours prior to the class you want to observe. To schedule your lesson observation, please contact:
[Insert name of person who will schedule lesson observations.]
- You may excuse your child from this instruction without penalty. If you decide that your child should not participate in some or all the lessons, please complete the Exemption Request below and return it to school office.

.....

Exemption Request

1. If you want your child to participate in the sex education and/or HIV/STI prevention lessons described on the attached list, you do not need to return this form.
2. If you want your child to be excused from some or all the sex education and/or HIV/STI prevention lessons **this year**:

	• Initial this box.
	• Draw a line through the lessons on the attached curriculum outline from which you child will be exempted.
	• Complete this form.
	• Return the curriculum outline and this completed form to the person above.

Student Name: _____

Address: _____

Parent/Guardian Signature: _____ Date: _____

- Risk reduction behaviors of correct and consistent condom use and needle exchange or correct and consistent needle cleaning would also significantly reduce the rate of infection for those who choose not to be abstinent.

Abstinence from sexual intercourse and from sharing needles means that a person has made a commitment to his or her health and to acting in ways that will prevent the spread of this disease. Use of alcohol and other drugs interferes with a person's ability to think clearly and make wise choices. Consequently, abstaining from alcohol and other drug use will increase the likelihood that a person will live up to his or her commitments. For those who have decided to have sexual intercourse, using a latex condom consistently and correctly will reduce their risk of exposure to HIV.

However, new monthly and annual statistics on AIDS cases show that neither abstinence behaviors nor risk reduction behaviors are being adopted by a majority of adolescents. AIDS was almost unknown among adolescents and young adults in their twenties in 1981, but over the years it has become the seventh leading cause of death for people 20 to 24 years of age and the sixth leading cause of death for people 25 to 34 years of age in the United States.¹

According to the Centers for Disease Control and Prevention (CDC),² 21% of the new HIV diagnoses in the United States. African Americans were disproportionately affected by HIV infection, accounting for 51% of all HIV infections reported among persons aged 13–24. Young men who have sex with men, especially those of minority races or ethnicity, are at higher risk for HIV infection than other adolescents. In 2017, 87% of youth who received an HIV diagnosis were young men and 13% were young women. Less than 1% of youth were aged 13-14 and 21% were aged 15-19.

Survey data from a representative sample of Michigan high school students show that:

- 65% of teenagers have had intercourse by the time they graduate from high school.
- 22% have had four or more partners by their senior year in high school.
- 61% of those who recently had sexual intercourse report using a condom, but that percentage goes down over the high school years and is lower for seniors than for freshmen.³

Risk Factors and Prevention of HIV Infection Among Adolescents

According to the CDC,⁴ the following are the risk behaviors and corresponding prevention strategies that impact adolescent HIV infection:

- Sexual Risk Factors
 - Early age at sexual initiation. According to CDC's Youth Risk Behavioral Survey (YRBS), many young people begin having sexual intercourse at early ages: 47% of high school students have had sexual intercourse, and 7.4% of them reported first sexual intercourse before age 13. HIV/AIDS education needs to take place at correspondingly young ages, before young people engage in sexual behaviors that put them at risk for HIV infection.

¹ CDC, 2009, http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_08.pdf

² CDC, 2017 HIV/AIDS among Youth, <http://www.cdc.gov/hiv/resources/factsheets/PDF/youth.pdf>

³ 2009 Michigan Youth Risk Behavior Survey, www.michigan.gov/yrbs

⁴ CDC, 2008, HIV/AIDS among Youth

- Heterosexual transmission. Young women, especially those of minority races or ethnicities, are increasingly at risk for HIV infection through heterosexual contact. Young women are at risk for sexually transmitted HIV for several reasons, including biologic vulnerability, lack of recognition of their partners' risk factors, inequality in relationships, and having sex with older men who are more likely to be infected with HIV.
 - Men who have sex with men (MSM). Young MSM are at high risk for HIV infection, but their risk factors and the prevention barriers they face differ from those of persons who become infected through heterosexual contact. According to a CDC study, 55% of young MSM (aged 15–22) did not let other people know they were sexually attracted to men. MSM who do not disclose their sexual orientation are less likely to seek HIV testing and are likely to have one or more female sex partners; therefore, MSM who become infected may transmit the virus to women as well as to men.
 - Sexually transmitted infections (STIs). The presence of an STI greatly increases a person's likelihood of acquiring or transmitting HIV. Some of the highest STI rates in the country are those among young people, especially young people of minority races and ethnicities.
- **Substance Abuse:** Young people in the United States use alcohol, tobacco, and other drugs at high rates. Both casual and chronic substance users are more likely to engage in high-risk behaviors, such as unprotected sex, when they are under the influence of drugs or alcohol. Runaways and other homeless young people are at high risk for HIV infection if they are exchanging sex for drugs, money, or shelter.
 - **Lack of Awareness:** Research has shown that a large proportion of young people are not concerned about becoming infected with HIV. Adolescents need accurate, age-appropriate information about HIV infection and AIDS, including how to talk with their parents or other trusted adults about HIV and AIDS, how to reduce or eliminate risk factors, how to talk with a potential partner about risk factors, where to get tested for HIV, how to use a condom correctly. Information should also include the concept that abstinence is the only 100% effective way to avoid infection.
 - **Poverty and Out-of-School Youth:** Nearly 1 in 4 African Americans and 1 in 5 Hispanics live in poverty. The socioeconomic problems associated with poverty, including lack of access to high-quality health care, can directly or indirectly increase the risk for HIV infection. Young people who have dropped out of school are more likely to become sexually active at younger ages and to fail to use contraception.
 - **HIV-Positive Children Coming of Age:** Many young people who contracted HIV through perinatal transmission are facing decisions about becoming sexually active. They will require ongoing counseling and prevention education to ensure that they do not transmit HIV.

Clearly, HIV prevention is complex and uses a multifaceted approach to HIV/AIDS prevention, which includes individual, peer, familial, school, church, and community programs, is necessary to reduce the incidence of HIV/AIDS in young people.⁵

⁵ CDC, "Guidelines for Effective School Health Education to Prevent the Spread of AIDS," <http://www.cdc.gov/HealthyYouth/sexualbehaviors/guidelines/guidelines.htm>

Rubber Dams

Rubber dams, also called dental dams, are flat, thin sheets of latex. They are square or rectangular in shape and are usually translucent white or green. They were developed for dentists to use during dental procedures. The dentist uses a rubber dental dam to isolate a tooth so debris from the procedure doesn't fall into the mouth and to keep the surrounding surfaces from contaminating the area being worked on.

More recently, rubber dams are used during oral sex to create a barrier. Rubber dams can prevent sexually transmitted infections and gastrointestinal infections from being transmitted during oral sex. Rubber dams are available at pharmacies and medical supply stores, or online at condom stores. A rectangular latex barrier can also be made from a condom by using scissors to cut off the tip and cut down one side. Rubber dams are also available in polyurethane for those with latex allergies.

For more information on rubber dams and other risk reduction strategies, visit:

- <http://www.teachingsexualhealth.ca>
-

Michigan Web-Based Resources

EDUCATION AND LAWS

HIV/STD and Sexuality Education

<http://www.michigan.gov/hived>

The HIV and sexuality education webpage on the Michigan Department of Education website includes information about laws and policies, advisory boards, parent notification form, parent resources, curriculum, qualified teachers, statistics, and related state programs.

Safe Schools

<http://safeschoolslgbtq.org/>

This website includes information about obtaining the in-depth resource guide “A Silent Crisis: Creating Safe Schools for Sexual Minority Youth” offered by the Michigan Department of Education.

Michigan Legislature

<http://www.legislature.mi.gov>

This website includes current legislation and bills that have been introduced in Michigan. Site users can access laws using Michigan Compiled Laws (MCL) numbers, Public Act (PA) numbers, or key words.

Safe Delivery

www.michigan.gov/safedelivery

The Safe Delivery webpage of the Michigan Department of Health and Human Services website includes information about Safe Delivery laws, Frequently Asked Questions (FAQs), fact sheets, public service announcements, publications, and other resources.

Child Abuse and Neglect

<http://www.michigan.gov/mandatedreporter>

The Michigan Department of Health and Human Services website includes reporting forms and information about laws and signs of abuse. It also has a link for a document for teachers titled, “School Personnel Guide for Reporting Suspected Child Abuse and Neglect: You Are a Mandated Reporter.” This document can be accessed directly at <http://chanceatchildhood.msu.edu/pdf/MandatedReporterSchools.pdf>.

HIV and STIs

HIV/STD/Hepatitis in Michigan

<http://www.michigan.gov/hivstd>

The Michigan Department of Health and Human Services webpage with information on HIV, sexually transmitted diseases, and hepatitis includes information on prevention and care, surveillance and statistics, counseling and testing, HIV-related laws, and training opportunities within Michigan.

Michigan AIDS Hotline

Michigan HIV hotline: 800-872-2437

This hotline provides answers to questions about HIV and AIDS during daytime hours. After hours, it forwards callers to the CDC Hotline for assistance.

Michigan HIV News

<http://www.mihivnews.com/>

Published by the Michigan AIDS Coalition, with support from the Michigan Department of Health and Human Services, this website is a news and information service for professionals and volunteers in HIV prevention and care services. This site includes news, a calendar, prevention information, research, resources, statistics, and testing information.

Michigan Association of Local Public Health (MALPH)

<http://www.malph.org/>

MALPH maintains a current directory for Michigan’s Local Public Health Departments that provide prevention education, confidential and anonymous testing, and speakers.

Positive Perspectives

This free program brings HIV-positive speakers into the classroom. To request a speaker, call (517) 241-5900. Ask for the coordinator of the Positive Perspectives program. This program is coordinated by the Michigan Department of Health and Human Services, Division of Health, Wellness and Disease Control, HIV/AIDS Prevention and Intervention Section (HAPIS).

DOMESTIC AND SEXUAL VIOLENCE

Michigan Coalition Against Domestic and Sexual Violence

www.mcadsv.org

The coalition is a statewide organization dedicated to developing and promoting efforts aimed at the elimination of all domestic and sexual violence in Michigan. The website's home page includes links to resources for specific populations, information, training, and a list of local service providers.

Teen Dating Violence

<http://www.michigan.gov/datingviolence>

This website of the Michigan Domestic Violence Prevention and Treatment Board (MDVPTB) includes fact sheets, a youth education packet, and links to key resources on issues pertaining to dating and sexual violence. The MDVPTB was established within the Department of Human Services to lead statewide efforts for the elimination of domestic and sexual violence in Michigan.

PREGNANCY PREVENTION AND ADOLESCENT HEALTH

Teen Pregnancy Prevention Initiative

www.michigan.gov/teenpregnancy

The Teen Pregnancy Prevention Initiative (TPPI) is a comprehensive pregnancy prevention program of the Michigan Department of Health and Human Services. This website provides teen pregnancy prevention PSAs, conference and funding information, reports, data, and information for TPPI grantees, healthcare providers, teens and parents, educators, and vulnerable populations.

Child & Adolescent Health Center Program

www.michigan.gov/cahc

The Michigan Department of Community Child and Adolescent Health Centers promote the health of children, adolescents and their families by providing important primary, preventative, and early intervention health care services. These centers provide primary care, preventive care, comprehensive health assessment, vision and hearing screening, medication, immunization, treatment of acute illness, co-management of chronic illness, health education and mental health care. They also provide pregnancy testing, STI and HIV testing, diagnosis and treatment for adolescents. This website provides program information, data, and contacts.

HIV and STIs

National HIV and STD Testing Resources

<http://www.hivtest.org/>

This website is a service of the Centers for Disease Control and Prevention (CDC) and includes a national database that provides users with locations for HIV and STD testing in local communities across the United States based on zip code.

CDC-INFO

1-800-CDC-INFO or 1-800-232-4626

This 24-hour, nationwide, information hotline is a service of the Centers for Disease Control and Prevention. Information about health and diseases, including HIV and STDs, is available by selecting the topics from a list of options provided to the caller.

HIV/AIDS

www.cdc.gov/hiv/

This CDC website on HIV/AIDS includes basic information, statistics, testing information, questions and answers, fact sheets, and other key resources organized by topic and format.

Kaiser Family Foundation

<http://www.kff.org/hiv/aids/index.cfm>

This website includes a variety of resources on HIV/AIDS that can be accessed by topic or resource type, such as surveys, fact sheets, charts, and data.

Sexually Transmitted Diseases

www.cdc.gov/std/

This CDC website on STDs includes fact sheets, personal health questions, data and statistics, news, and publications organized by topic.

American Sexual Health Association

<http://www.ashasexualhealth.org>

This national organization's website provides an emphasis on sexual health and a focus on preventing sexually transmitted diseases and their harmful consequences. This site includes overview, factsheets, ask the experts, statistics, prevention tips, and a glossary.

KidsHealth

http://kidshealth.org/kid/health_problems/infection/hiv.html

This site has been developed specifically for children and includes information about HIV and AIDS in an easy to read format and as an audio recording.

Planned Parenthood

<http://plannedparenthood.org>

This national organization's website provides information on many STIs, risk reduction, testing, and a brief questionnaire to help visitors decide whether or not to be tested.

DOMESTIC AND SEXUAL VIOLENCE

Youth Violence

<https://www.cdc.gov/violenceprevention/youthviolence/index.html>

This website provides informational resources on sexual violence including sex trafficking, anti-bullying, and rape prevention. Fact Sheets, videos, articles, publications, and data sources related to youth sexual violence are also provided.

National Teen Dating Abuse Helpline

<http://www.loveisrespect.org/>

This is the website of the national dating abuse hotline, 1-866-331-9474. The site includes live chat options with a trained peer advocate.

Rape, Abuse and Incest National Network (RAINN)

<http://www.rainn.org/>

RAINN is the nation's largest anti-sexual assault organization. This site includes news, information, policies, and information on reporting and recovery, as well as the 24-hour National Sexual Assault Hotline, 1-800-656-HOPE or 4673.

SEXUAL HEALTH AND PREGNANCY PREVENTION

Answer–Rutgers University

<http://answer.rutgers.edu/>

This website provides sexuality education resources to young people and the adults who teach them. The site includes links to the “Sex, Etc.” site by teen for teens, trainings and resources for professionals, and resources for parents.

TeensHealth, Sexual Health

http://kidshealth.org/teen/sexual_health/

This website from Nemours Foundation is geared toward teens and includes information on changing bodies, STDs, and birth control. The birth control section includes a chart listing effectiveness of each method.

Unintended Pregnancy Prevention: Contraception

[http://www.cdc.gov/reproductivehealth/
unintendedpregnancy/contraception.htm](http://www.cdc.gov/reproductivehealth/unintendedpregnancy/contraception.htm)

This CDC website provides information on methods of contraception that have been approved by the Food and Drug Administration.

Laws regarding consent to medical and surgical care by minors.	Is parental consent required?	Is parental access to the minor's information permitted?
<p>Venereal Disease (STI) / HIV <i>Public Health Code, MCL 333.5127, MCL 333.5133, and MCL 722.623.</i></p> <ul style="list-style-type: none"> • Minor may consent to medical or surgical care for diagnoses and treatment of a venereal disease or HIV. • MCL 333.5127 does not apply to medical care to <i>prevent</i> a venereal disease, such as a vaccine. • Reportable as reasonable cause to suspect <u>child abuse</u> if pregnancy or venereal disease found in child over <u>1 month but less than 12 years of age</u>. 	<p>Not required for diagnosis or treatment.</p> <p>Also not required for medical care to prevent sexually transmitted infection or HIV (e.g. vaccine) if services provided by Title X funded agency. See section on “<i>Title X agencies</i>”.</p>	<p>Provider discretion applies as to the treatment given or needed.</p> <ul style="list-style-type: none"> • For <u>medical reasons</u> information as to the treatment given or needed, <u>may</u> be given to or withheld from the spouse, parent, guardian or person in loco parentis without consent of the minor and notwithstanding the express refusal of the minor to the providing of the information. <p>Access not permitted when services provided to minor by Title X funded agency. See section on “<i>Title X agencies</i>”.</p>

Other Michigan Laws Related to Right of a Minor to Obtain Health Care Without or Consent of Knowledge of Parents

<p>Reporting of Abuse or Neglect <i>Child Protection Act, MCL 722.622, MCL 722.623</i></p> <ul style="list-style-type: none"> The following individuals are <u>required</u> to report suspected “<u>child abuse or neglect</u>” to Child Protective Services: <ul style="list-style-type: none"> audiologist certified social worker dentist law enforcement officer licensed professional counselor marriage and family therapist medical examiner member of the clergy nurse person licensed to provide emergency medical care physician physician’s assistant psychologist registered dental hygienist regulated child care provider school administrator school counselor or teacher social worker social worker technician 	<ul style="list-style-type: none"> “Child abuse” means harm or threatened harm to a child’s health or welfare that occurs through nonaccidental physical or mental injury, sexual abuse, sexual exploitation, or maltreatment, <u>by a parent, a legal guardian, or any other person responsible for the child’s health or welfare or by a teacher, a teacher’s aide, or a member of the clergy.</u> “Child neglect” means harm or threatened harm to a child’s health or welfare <u>by a parent, legal guardian, or any other person responsible for the child’s health or welfare</u> that occurs through either of the following: <ul style="list-style-type: none"> (i) Negligent treatment, including the failure to provide adequate food, clothing, shelter, or medical care. (ii) Placing a child at an unreasonable risk to the child’s health or welfare by failure of the parent, legal guardian, or other person responsible for the child’s health or welfare to intervene to eliminate that risk when that person is able to do so and has, or should have, knowledge of the risk. For reporting purposes, pregnancy of a child less than 12 years of age or the presence of a venereal disease in a child who is over 1 month of age but less than 12 years of age <u>is reasonable cause to suspect child abuse and/or neglect have occurred.</u>
<p>Medical Records Access Act, MCL 333.26261-MCL 333.26271</p> <ul style="list-style-type: none"> Provides for and regulates access to and disclosure of medical records. 	<ul style="list-style-type: none"> Under this act, a minor’s parent, guardian, or person acting in loco parentis has the right to review and obtain a copy of the minor’s medical record, <u>unless the minor lawfully obtained health care without the consent or notification of a parent, guardian, or other person acting in loco parentis, in which case the minor has the exclusive right to exercise the rights of a patient under this act with respect to those medical records relating to that care.</u>

Availability of Laws on the Internet:

Michigan Statutes: www.legislature.mi.gov
Federal Statutes: <http://uscode.house.gov/search/criteria.shtml>
Federal Regulations: www.efcr.gov

Matrix information compiled by the Michigan Department of Health and Human Services, Office of Legal Affairs (OLA),
May 23, 2006, revised May 27, 2009.

OLA thanks the Henry Ford Health System for providing the original matrix that served as a model for this matrix.

Disclaimer:

This document is for informational purposes only. This document represents OLA’s understanding of various laws, and is not intended as a legal position from the State of Michigan or the Michigan Department of Health and Human Services. For legal advice, readers should consult with their own counsel. While every attempt has been made to assure the information presented is accurate as of May 2009, laws do change, and readers will need to confirm accuracy of various laws cited.

(i) The actor is a teacher, substitute teacher, administrator, employee, or contractual service provider of the public school, nonpublic school, school district, or intermediate school district from which that other person receives the special education services. This subparagraph does not apply if both persons are lawfully married to each other at the time of the alleged violation.

(ii) The actor is a volunteer who is not a student in any public school or nonpublic school, or is an employee of this state or of a local unit of government of this state or of the United States assigned to provide any service to that public school, nonpublic school, school district, or intermediate school district, and the actor uses his or her employee, contractual, or volunteer status to gain access to, or to establish a relationship with, that other person.

(2) Criminal sexual conduct in the fourth degree is a misdemeanor punishable by imprisonment for not more than 2 years or a fine of not more than \$500.00, or both.

Given that young people may date individuals 5 or more years older or younger, this crime is particularly important for young people to understand.

2. Resources on Adoption and the Safe Delivery of Newborns

This section is particularly useful for Michigan teachers complying with the requirement that states: (2) Material and instruction in the sex education curriculum under section 1507 that discusses sex shall...(j) Provide information for pupils about how young parents can learn more about adoption services and about the provisions of the safe delivery of newborns law, chapter XII of the probate code of 1939, 1939 PA 288, MCL 712.1 to 712.20. (subsection J of Section 1507b of the Michigan School Code)

Adoption

- Comprehensive information about adoption is available at Michigan's adoption website: www.michigan.gov/adoption
- Adoption Information from the Michigan Department of Health and Human Services: <http://www.michigan.gov/mdhhs>
- "Adopting a Child in Michigan" (Pub823) from Michigan Department of Health and Human Services: <http://www.michigan.gov/mdhhs>
- Updated lists of public and private licensed adoption agencies at the Michigan Adoption Resource Exchange (MARE) website: <http://www.mare.org>

Safe Delivery of Newborns

- Information about Michigan's Safe Delivery law is on the Michigan Department of Health and Human Services website: www.michigan.gov/safedelivery.
- General provisions of the Safe Delivery of Newborns law at the Michigan Department of Health and Human Services website: <http://www.michigan.gov/mdhhs>
- Downloadable information on the safe delivery act targeting teens, as well as young adults, from the Michigan Department of Health and Human Services: <http://www.michigan.gov/mdhhs>

3. Criminal Sexual Conduct

This appendix is particularly useful for Michigan teachers complying with the requirement that states:
 (2) Material and instruction in the sex education curriculum under section 1507 that discusses sex shall...
 (k) Include information clearly informing pupils that having sex or sexual contact with an individual under the age of 16 is a crime punishable by imprisonment and that 1 of the other results of being convicted of this crime is to be listed on the sex offender registry on the internet for up to 25 years. (subsection K of Section 1507b of the Michigan School Code)

Criminal Sexual Conduct

Penetration	OR	Contact	+	Circumstances	=
Sexual intercourse Anal intercourse Cunnilingus Fellatio Object (anal) Object (genital)		Intentional touching of: Groin Genital area Inner thigh Buttock Breast Clothing covering above body parts		<ol style="list-style-type: none"> 1. Victim is under 13 years of age. 2. Victim is 13, 14, or 15 and assailant is a member of household 3. Victim is 13, 14, or 15 and assailant is in a position of authority. 4. Victim is 13, 14, or 15 and assailant is related by blood or affinity. 5. Another felony is committed. 6. Multiple assailants and victim is known to be incapacitated. 7. Multiple assailants and force is used. 8. Assailant is using a weapon. 9. Assailant causes personal injury and force is used. 10. Assailant causes personal injury and victim is incapacitated. 11. Victim is incapacitated and assailant is related by blood or affinity. 12. Victim is incapacitated and assailant is in a position of authority. 13. Victim is 13-15 student at public or non-public school and assailant is teacher or administrator of that school. 14. Victim is a prisoner and assailant is an employee of a prison. 15. Victim is 13, 14, or 15. 16. Force is used. 17. Assailant knows victim is incapacitated. 18. Related by blood or affinity not otherwise covered. 19. Victim is 16-18 student at public or non-public school and assailant is teacher or administrator of that school. 20. Victim is 13, 14, or 15 and assailant is at least 5 years older. 21. Assailant is a mental health professional and victim is a client or patient within 2 years of occurrence. 	
<div> <div> Maximum Sentences <p>1st degree = up to life 2nd degree = up to 15 years 3rd degree = up to 15 years 4th degree = up to 2 years or \$500</p> </div> <div> Degrees of CSC <p>1st degree (felony) = Penetration + any 1 of circumstances 1-13 2nd degree (felony) = Contact + any 1 of circumstances 1-14 3rd degree (felony) = Penetration + any 1 of circumstances 15-19 4th degree (misdemeanor) = Contact + any 1 of circumstances 16-21</p> </div> </div>					

Source: Michigan State Police

4. Michigan Laws Pertaining to Responsibility of Parents For Children Born In and Out of Wedlock

This appendix is particularly useful for Michigan teachers complying with the requirement that states: (2) Material and instruction in the sex education curriculum under section 1507 that discusses sex shall...(d) Advise pupils of the laws pertaining to their responsibility as parents to children born in and out of wedlock. (subsection D of Section 1507b of the Michigan School Code)

Below are excerpts of Michigan statutes related to child abuse, neglect and child support. For the complete language of Michigan Compiled Laws, go to www.michiganlegislature.org. Concerns regarding interpretation should be directed to legal counsel.

Child Protection Law

722.622 Definitions

- (f) **“Child abuse”** means harm or threatened harm to a child’s health or welfare that occurs through nonaccidental physical or mental injury, sexual abuse, sexual exploitation, or maltreatment, by a parent, a legal guardian, or any other person responsible for the child’s health or welfare or by a teacher, a teacher’s aide, or a member of the clergy.
- (j) **“Child neglect”** means harm or threatened harm to a child’s health or welfare by a parent, legal guardian, or any other person responsible for the child’s health or welfare that occurs through either of the following:
- (i) Negligent treatment, including the failure to provide adequate food, clothing, shelter, or medical care.
 - (ii) Placing a child at an unreasonable risk to the child’s health or welfare by failure of the parent, legal guardian, or other person responsible for the child’s health or welfare to intervene to eliminate that risk when that person is able to do so and has, or should have, knowledge of the risk.

Support Laws

There are many laws in Michigan that govern the determination of child support, enforcement, and procedure. The Attorney General relies upon the following two criminal statutes to prosecute those who fail to support their children:

- MCL 750.161
- MCL 750.165

750.161 Desertion, abandonment, or refusal or neglect to provide shelter, food, care, and clothing; felony; penalty; bond; probation; failure to comply with conditions in bond; forfeiture of bond; disposition of sums received; continuing offense; proof.

Sec. 161.

(1) A person who deserts and abandons his or her spouse or deserts and abandons his or her children under 17 years of age, without providing necessary and proper shelter, food, care, and clothing for them, and a person who being of sufficient ability fails, neglects, or refuses to provide necessary and proper shelter, food, care, and clothing for his or her spouse or his or her children under 17 years of age, is guilty of a felony, punishable by imprisonment in a state correctional facility for not less than 1 year and not more than 3 years, or by imprisonment in the county jail for not less than 3 months and not more than 1 year

750.165 Refusing to support wife or children as required by court order; violation as felony; penalty; exception; suspension of sentence; bond; “state disbursement unit” or “SDU” defined.

Sec. 165.

(1) If the court orders an individual to pay support for the individual’s former or current spouse, or for a child of the individual, and the individual does not pay the support in the amount or at the time stated in the order, the individual is guilty of a felony punishable by imprisonment for not more than 4 years or by a fine of not more than \$2,000.00, or both.

Sources:

- Michigan Legislature www.michiganlegislature.org

Additional Resources on Child Support:

- Information about Michigan's child support law is on the Michigan Department of Health and Human Services website: www.michigan.gov/childsupport.
- An order form to get free materials related to child support: <http://www.michigan.gov/mdhhs>
- Understanding Child Support: A Handbook for Parents: <http://www.michigan.gov/mdhhs>