

University of Vermont

UVM ScholarWorks

College of Nursing and Health Sciences Doctor
of Nursing Practice (DNP) Project Publications

College of Nursing and Health Sciences

2021

Integrating Community into Middle School Sexual Education

Sierra Miller

University of Vermont

Margaret Aitken

University of Vermont

Follow this and additional works at: <https://scholarworks.uvm.edu/cnhsdnp>



Part of the [Community Health and Preventive Medicine Commons](#), [Family Practice Nursing Commons](#), [Pediatric Nursing Commons](#), [Preventive Medicine Commons](#), [Primary Care Commons](#), [Public Health and Community Nursing Commons](#), and the [Public Health Education and Promotion Commons](#)

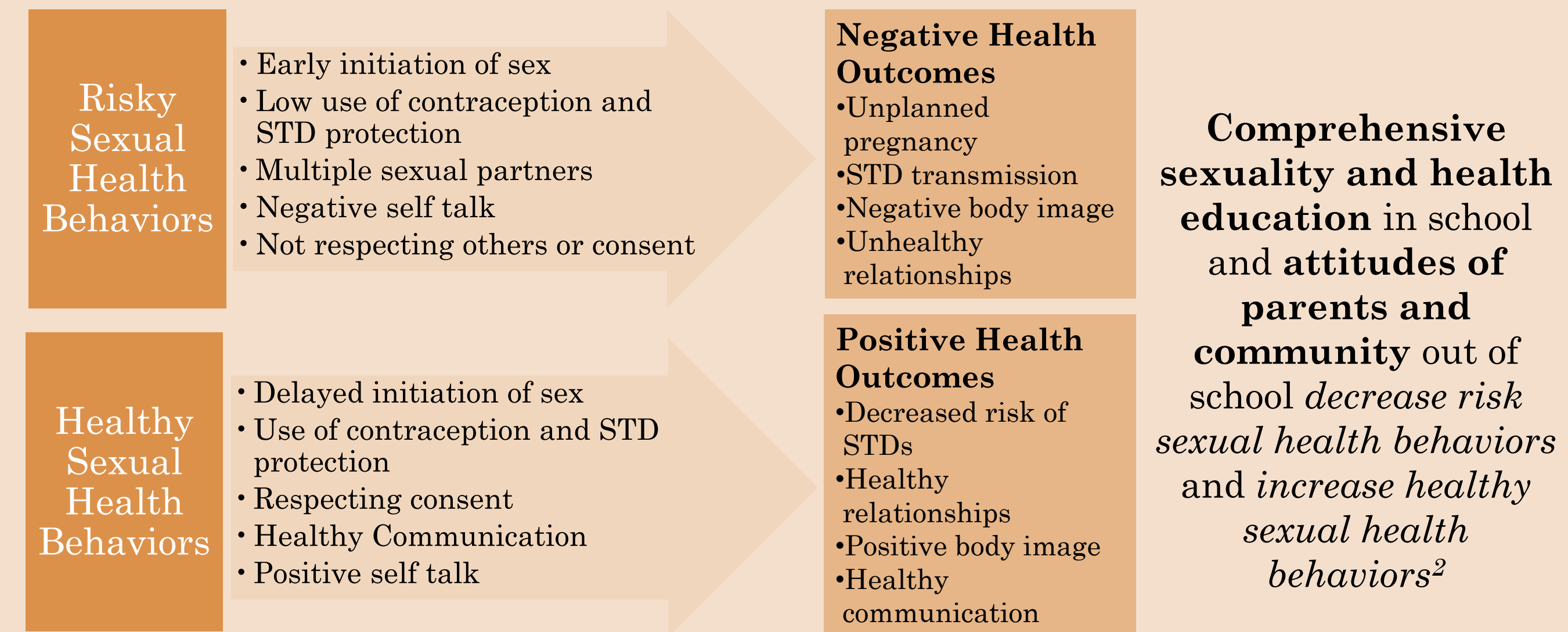
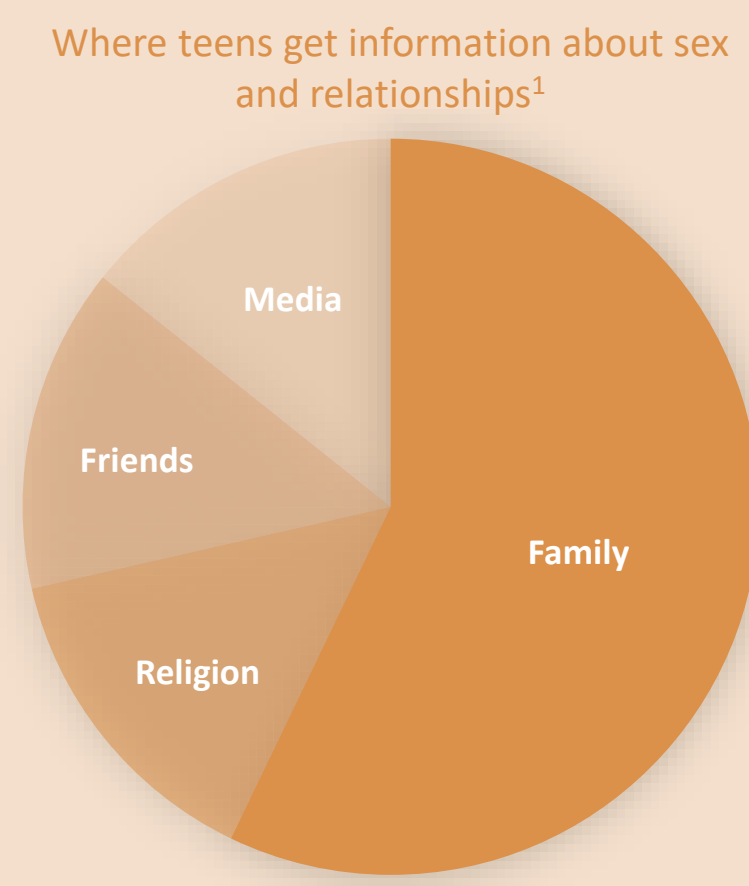
Recommended Citation

Miller, Sierra and Aitken, Margaret, "Integrating Community into Middle School Sexual Education" (2021). *College of Nursing and Health Sciences Doctor of Nursing Practice (DNP) Project Publications*. 82. <https://scholarworks.uvm.edu/cnhsdnp/82>

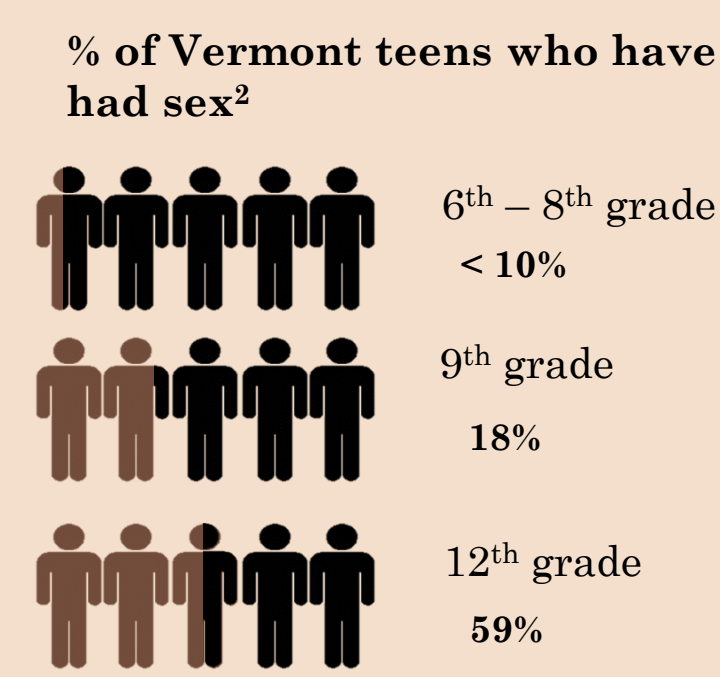
This Project is brought to you for free and open access by the College of Nursing and Health Sciences at UVM ScholarWorks. It has been accepted for inclusion in College of Nursing and Health Sciences Doctor of Nursing Practice (DNP) Project Publications by an authorized administrator of UVM ScholarWorks. For more information, please contact schwyrks@uvm.edu.

What We Know Sex education and community

A major part of public health and anticipatory guidance for teenagers is related to sexual health. Risky sexual health behaviors lead to negative health outcomes, while healthy sexual health behaviors lead to positive health outcomes. The goal of Comprehensive Sexuality and Health Education (CSE) is to educate against risky behaviors, and encourage positive ones. In-school CSE is effective, but community attitudes and beliefs have a larger impact on adolescent sexual behaviors and outcomes.¹ CSE therefore should include parents, family, caregivers, and community in its education.

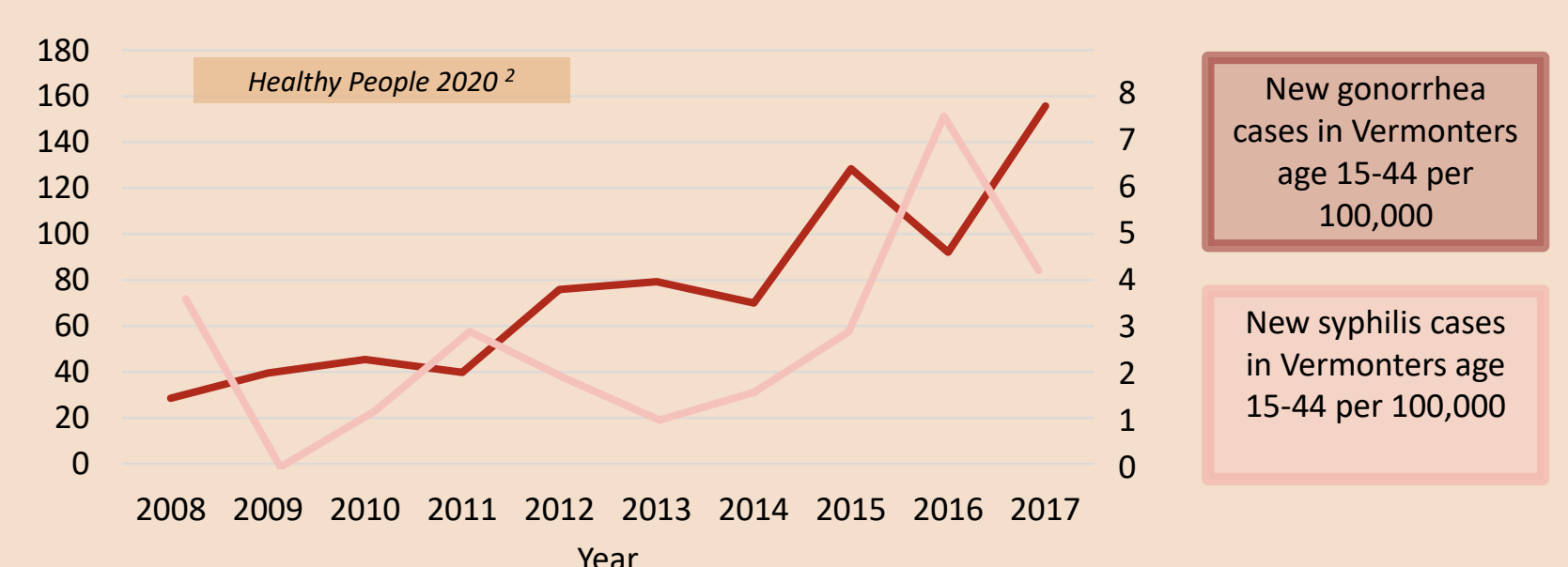
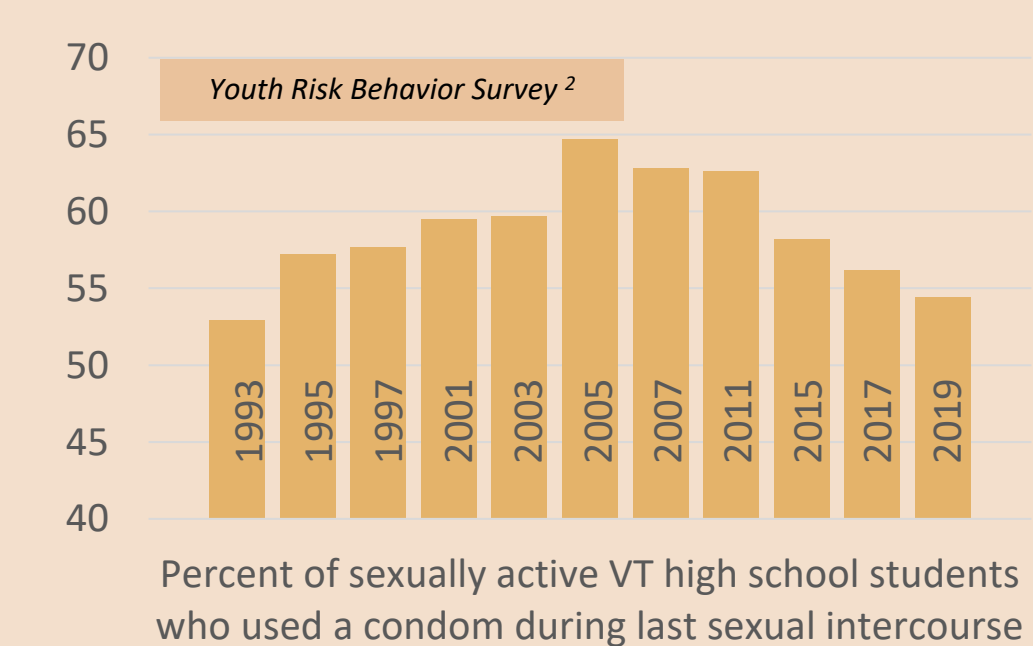


CSE works best when it is comprehensive, accurate, well timed, and relevant. The U.S. varies in what information it provides for sex education without standardization. It also varies in when it provides sex education. Middle school is an optimal time for CSE as adolescents are mature enough to handle the content, but most have not engaged in sexual behaviors yet. Upon delivery, CSE must be age appropriate, easy to understand, and culturally relevant.²



ECBP-2.7: Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in unintended pregnancy, HIV/AIDS, and STD infection.

CSE has been identified as a state and national public health problem. In Vermont condom use among adolescents who have sex has declined since 2005. Healthy People 2020 set a national goal for CSE as well as decreased STI goals for VT. to decrease Gonorrhea and Chlamydia rates. Gonorrhea and Syphilis rates in VT have increased steadily over the past decade.³



How We Did It Integrating community

The aim of this project was to create satisfactory, effective, and appropriate resources. This project was created on three principles. In-school CSE is effective, but misses the largest influence on adolescent sexual behavior, community attitudes and beliefs. The middle school staff requested community involvement to fill the gap in their CSE curriculum. To make an impact, the CSE had to be accessible to as much of the community as possible.



- Aim 1:** Create satisfactory, effective, and appropriate resources
- Aim 2:** Increase communication about sexual health and relationships.
- Aim 3:** Increase healthy sexual practices and outcomes, decrease risky sexual practices and outcomes

A needs assessment was done via interview with the middle school health educator. A literature review then determined an evidenced-based model for community integration. The middle school already used a well-studied curriculum which created the basis for the community resources.

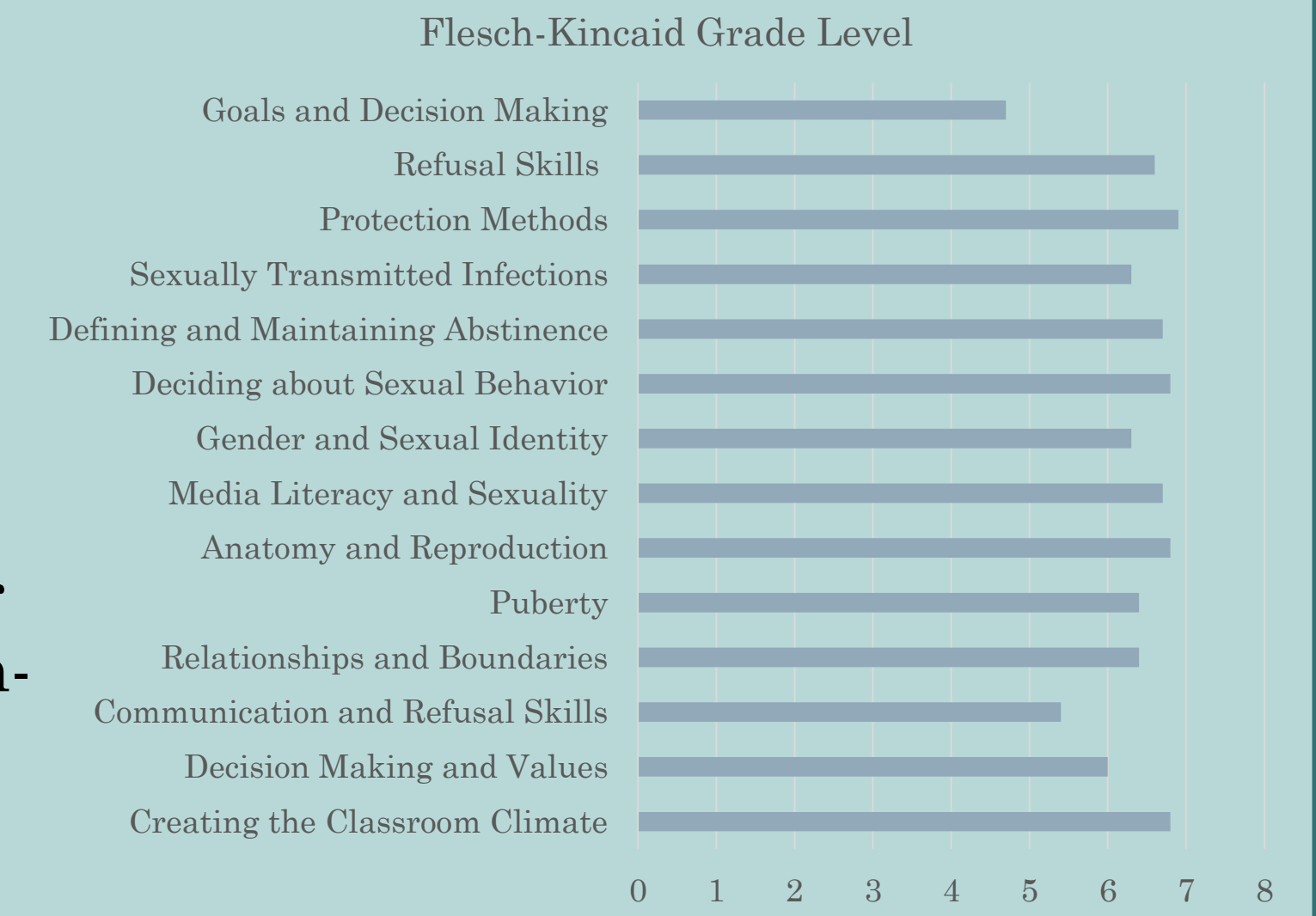


PDF resources were created for each unit focusing on sexual health education, its importance, and how to talk about it. The resources went through five review-edit cycles with school staff and volunteer parents. Due to the COVID-19 pandemic, implementation was delayed and Fall 2020 was a trial implementation where resources were sent to parents upon request. For the final implementation in Spring 2021 the resources emailed to all the parents and guardians in sync with the in-school CSE.

Thank you to all everyone who supported, reviewed, and contributed to this project. To Lindsay McQueen for her time, resources, and endless passion for health education. To Margaret Aitken for edits and encouragement. To Edmunds Middle School for their collaboration. To PPNNE for their CSE curriculum and resources

What We Learned Feedback and future

In total 15 PDF were created, each unit presented in a consistent format. Accessibility was accomplished through pictorial representations, diagrams, simple language, an engaging format, and links to multilingual resources and other media forms. The average Flesch-Kincaid Grade Level of the resources was 6.34, below the national average.



- Positive Feedback**
- Appreciated the consistency in format “Made them user-friendly”
 - The diagrams and layout of the text were helpful for comprehension.
 - “Communication resources were the most helpful part of it”
 - Appreciated the separation into discrete units, making adaptable
- Areas to Improve**
- “Reduce the number of words, change them to pictures”
 - Have resources reviewed by the multilingual liaisons
 - Let students have a part in the resources

Feedback from school staff and volunteer parents were overall positive citing themes of engaging, useful, and user-friendly. Suggestions included utilizing more images and future uses.

The aim of this project was to create satisfactory, effective, and appropriate resources. This has been achieved as evidenced by accessibility statistics and positive staff and parent feedback. Given the results other community integrated CSE programs have had, we expect these resources to increase communication between adolescents and their community about sexual health topics. We hope that this will lead to healthier behaviors and better outcomes for adolescents.

The current implementation includes a pre/post-curriculum surveys of students about their level of communication with their community about sexuality and relationships, data expected Summer 2021. Additionally we hope to get feedback directly from the community.

- Limitations:**
- COVID-19 Pandemic delaying implementation
 - Lack of feedback from trial implementation parents
 - Lack of access to multicultural liaisons and community organizations partially due to pandemic restrictions

In the future, we hope to update the resources and include school multicultural liaisons and community organizations in the process to increase usefulness and accessibility for the entire community. A future application is allowing students to edit and re-make these PDFs. This will let students have a say in how information is presented to their community and further encourage communication.

1. Amy Beakley et al., “How Sources of Sexual Information Relate to Adolescent Beliefs about Sex,” *American Journal of Health Behavior* 33, no. 1 (2009): 37-46; Gene H. Brody et al., “The Strong African American Families Program: Translating Research Into Prevention Programming,” *Child Development* 75, no. 3 (2004): 900-917; <https://doi.org/10.1111/j.1467-8624.2004.00713.x>
 2. Meredith E. Baker, Lisa E. Matthews, and William C. Lafferty, “Abstinence-Only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen Pregnancy,” *Journal of Adolescent Health* 42, no. 4 (April 2, 2008): 344-51; <https://doi.org/10.1016/j.jadohealth.2007.08.026>; Norman A. Condon et al., “Comparing Evidence-Based Policy Briefs: Sex Education in the United States,” *Journal of Adolescent Health* 42, no. 4 (April 2, 2008): 324-26; <https://doi.org/10.1016/j.jadohealth.2008.01.004>; Cora C. Brannan et al., “Sexuality Education for Children and Adolescents,” *Pediatrics* 138, no. 2 (August 1, 2016); <https://doi.org/10.1542/peds.2016.138.1008>; Helen B. Cline et al., “The Effectiveness of Group-Based Comprehensive Risk Reduction and Abstinence Education Interventions in Preventing the Risk of Adolescent Pregnancy, Human Immunodeficiency Virus, and Sexually Transmitted Infections: Two Systematic Reviews for the Global Health Evidence Review Services,” *American Journal of Preventive Medicine* 42, no. 3 (March 2012): 272-94; <https://doi.org/10.1016/j.amepre.2011.11.006>; Blakeley et al., “How Sources of Sexual Information Relate to Adolescent Beliefs about Sex?”
 3. “The Health of Vermonters 2020,” Vermont Department of Health, 2020; <https://www.vermont.gov/health/2020-report>
 4. “The Health of Vermonters 2020,” Vermont Department of Health, 2020; <https://www.vermont.gov/health/2020-report>
 5. “The Health of Vermonters 2020,” Vermont Department of Health, 2020; <https://www.vermont.gov/health/2020-report>
 6. “The Health of Vermonters 2020,” Vermont Department of Health, 2020; <https://www.vermont.gov/health/2020-report>
 7. “The Health of Vermonters 2020,” Vermont Department of Health, 2020; <https://www.vermont.gov/health/2020-report>
 8. CDC, “School Connectedness: Strategies for Increasing Protective Factors Among Youth,” 2009, 24; https://www.cdc.gov/healthypeople/2010/2009_24