

Adapting the “Get Real” Curriculum: improving Sexual Health in School

Age Children

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ABSTRACT

Background: Vermont does not have standardized sexual health education. Curriculums such as “Get Real” have been shown to increase the age of sexual debut in middle school students and improve their relationships with parents. One barrier to implementing ETR is it has not been adapted to match the health proficiencies required by the Vermont Department of Education for students to graduate middle school.

Purpose: Increase buy-in of curriculum by Vermont school districts by applying proficiencies and adaptations to meet graduation criteria.

Methods: “Get Real” was adapted to meet the new health proficiencies implemented by the Vermont Department of Education via a quality improvement project. The curriculum was reviewed, health proficiencies were matched to each lesson and adaptations were made to lessons to increase which proficiencies were met. Qualitative data from school districts was collected to assess if buy-in was improved. This project focused on Chittenden east, Milton and Orange North school districts.

Results: Health proficiencies were met by all lessons in the middle school curriculum. Adaptations facilitated teachers’ decisions to choose certain lessons to be more time and content effective. Further intended results will be the adoption of the “Get Real” curriculum by middle schools around the state of Vermont.

Conclusions: The Get Real middle school curriculum meets the Vermont Department of Education’s health proficiencies required by the state to graduate from middle school. If lessons have to be abbreviated or limited, the adaptations allow for more proficiencies to be met per lesson. If these proficiencies improve buy-in by school districts in Vermont is still to be determined.

Keywords: sexual health, health proficiencies, sex education curriculum

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INTRODUCTION

Problem:

- 15–24 year olds acquire half of all new STDs
 - 1:4 sexually active adolescent female has an STD.
 - Chlamydia and Gonorrhea is on the rise nationwide.
 - Vermont’s teen pregnancy rates are substantially higher than in other western industrialized nations (11.6% per 1,000).
 - No standardized sexual education curriculum in the state of Vermont.
 - Planned Parenthood of New England is trying to implement the Get Real curriculum to help standardized it’s delivery.
 - **Barrier to adoption of curriculum: not adapted to match the new health proficiencies required by the Vermont Department of Education for students to graduate middle and high school****
- Available Knowledge:** Researchers found teens who receive comprehensive sex education vs. abstinence only education:
- 50% less likely to experience pregnancy
 - 40% increase in delayed sexual initiation
 - Reduction in the number of sexual partners
 - Increase in condom/contraceptive use
 - 30% reduction in frequency of sex, including a return to abstinence
 - 60% reduction in unprotected sex when comprehensive sexual education was received.

Get Real Curriculum schools:

- 16% fewer boys, 15% fewer girls had sex by the end of 8th grade
 - Family take home assignments delayed sexual debuts for boys (ETR, 2017).
 - Get Real shown to improve communication skills, students feel more prepared to assert themselves, communicate in relationships and say “no” to sex (Erkut et. al, 2013)
- Rationale:** By introducing comprehensive sexual education classes, there can be expected decreases in:
- teen pregnancy
 - delay in first sexual debut
 - decrease in number of sexual partners and frequency of sex and an increase in contraception and condom use (Chin et. al, 2012; ETR, 2017; Lindberg et. al, 2012).

By matching the state of Vermont’s health proficiencies required for graduation to each lesson and adapting lessons to better match proficiencies, this should increase buy-in from schools to adopt the Get Real curriculum.

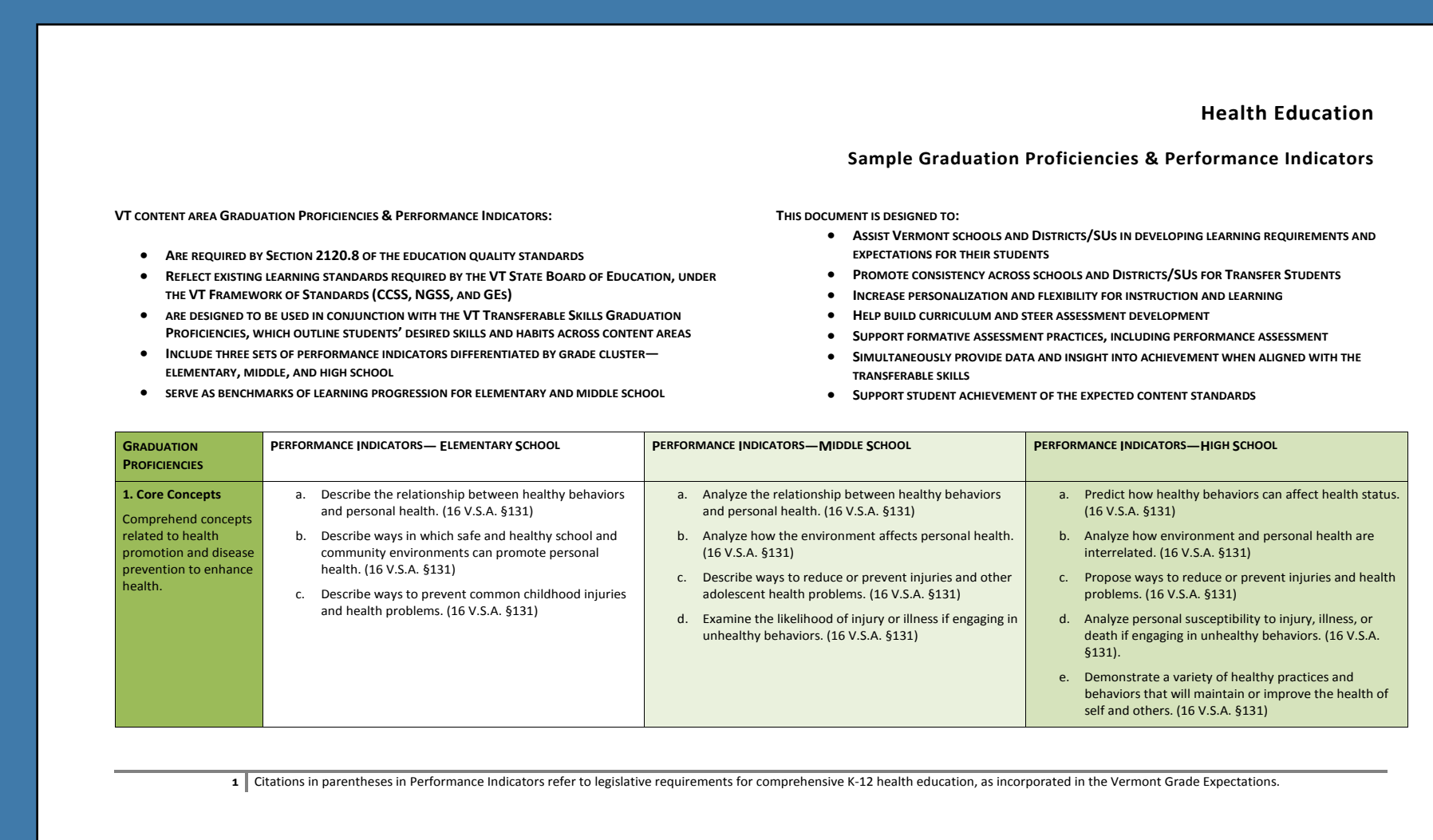


Figure 1. Page 1 of VDE Health Education Proficiencies

METHODS AND MATERIALS

Intervention:

- Read through the original ETR, “Get Real” curriculum provided by Planned Parenthood
 - Full middle school curriculum
 - High school curriculum grade 9
- Read through the six health graduation proficiencies required for graduation by the Vermont Department of Education (VDE).
- Recognized which proficiencies (or sub-parts) were already met by the original curriculum.
- Adapted remaining parts of the curriculum to meet the 6 proficiencies.
- Met with PPNE’s Education Program Manager, Andrea Nicoletta, to edit and review adapted curriculum.
- Will present new curriculum to parents, health educators, school board and administrators (in process)

Analysis:

- Successful adaptation of Get Real curriculum to meet health proficiencies for both middle and high school.
- Qualitative data from school districts was collected to assess if buy-in was improved.
 - This project focused on Chittenden east, Milton and Orange North school districts.
- A successful intervention will be measured by the approval of the curriculum by local Vermont schools (to be determined in upcoming 2019 school year).

RESULTS

- Health proficiencies were met by all lessons in the middle school curriculum
 - Only grade 9 proficiencies evaluated and adapted due to time constraints
 - Not all proficiencies met, further adaption necessary or will have to be met by other types of health education classes
- Adaptations facilitated teachers’ decisions to choose certain lessons to be more time and content effective.
- Further intended results will be the adoption of the “Get Real” curriculum by middle schools around the state of Vermont.

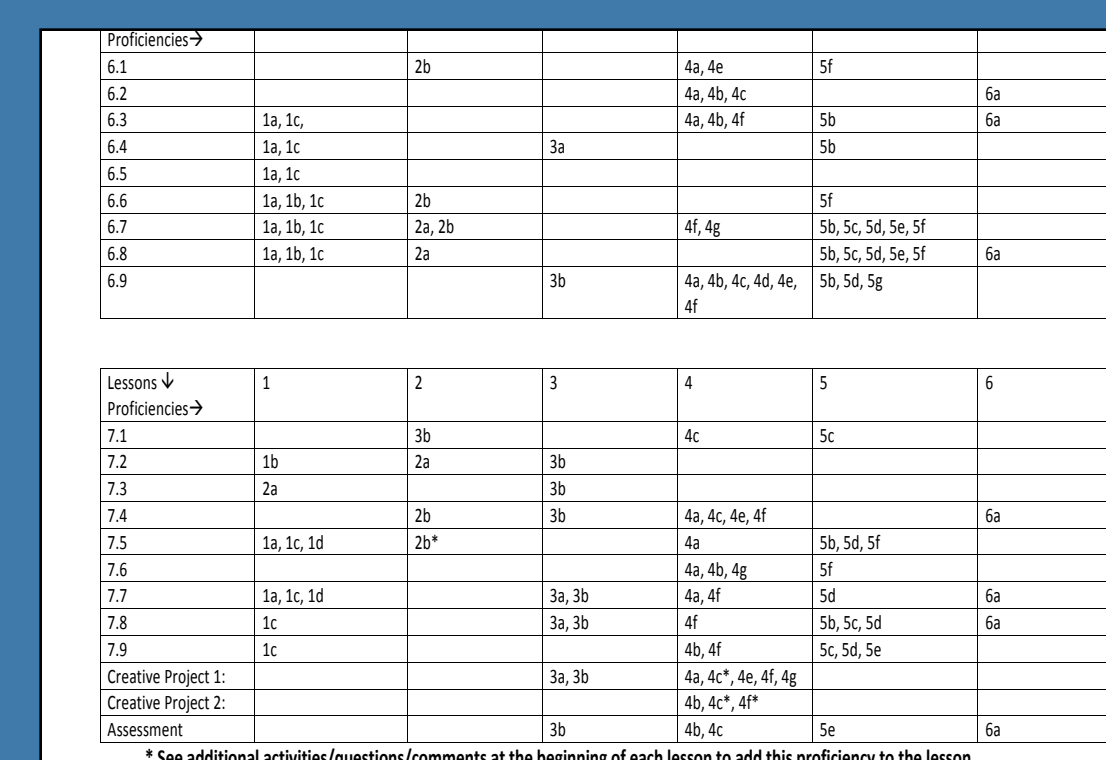


Figure 2. Proficiency Chart

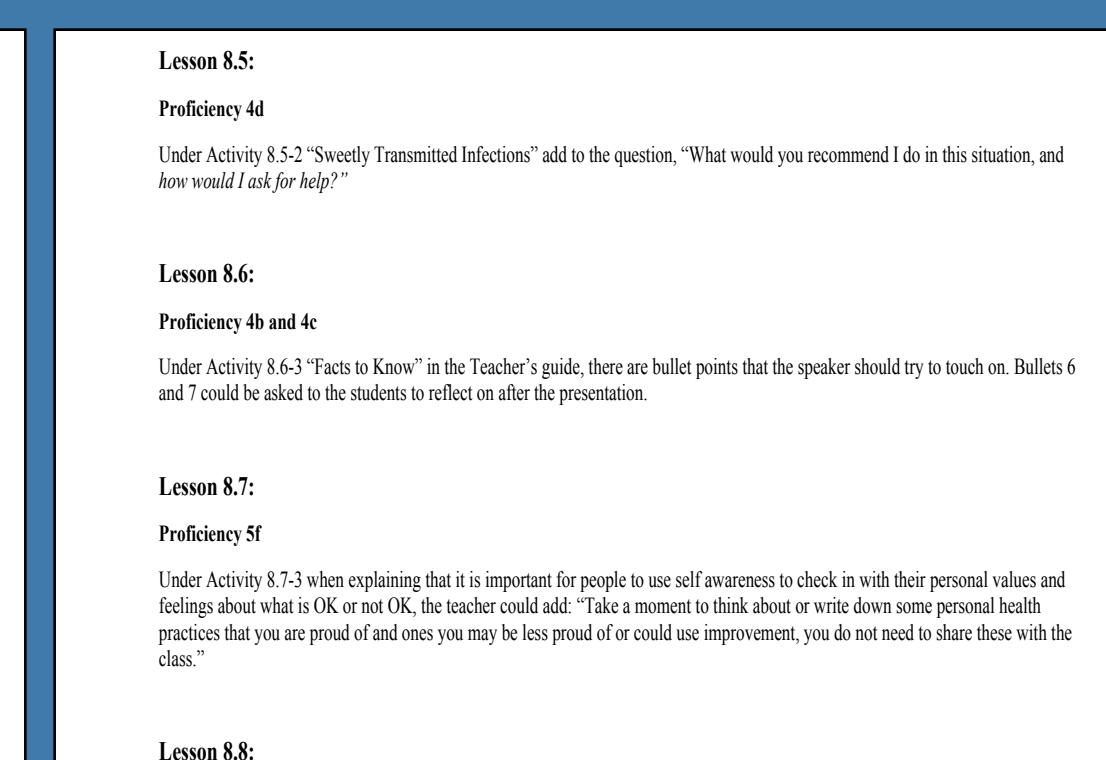


Figure 3. Adaptations Page

DISCUSSION

- Preliminary feedback from teachers seems to support that many proficiencies per lesson is beneficial
- Preliminary feeding is supporting that introducing VDE health proficiencies will increase “buy-in” from school districts, particularly teachers.
- Curriculum to be implemented for fall 2019 school year
 - Too soon to see any effects on teen pregnancy, age of sexual debut, STI rates and improved communication with parents.

Limitations:

- Preliminary qualitative data only
- Generalizability
 - Only applicable to the state of Vermont
- Internal Validity
 - Proficiencies were reviewed with two members of the education department at Planned Parenthood to ensure that proficiencies that were listed were adequately represented in the corresponding lesson plan.

CONCLUSIONS

- Middle school curriculum meets all proficiencies
- 9th Grade Curriculum meets many (5/6) proficiencies
- Adaptations allow for more proficiencies to be met per lesson.
 - Can abbreviate or choose lessons based on need

REFERENCES

- CDC. (2017, September 26). 2016 Sexually Transmitted Diseases Surveillance. Retrieved February 10, 2018, from <https://www.cdc.gov/std/stats16/chlamydia.html>
- Charmaraman, L., & McKamey, C. (2011). Urban Early Adolescent Narratives on Sexuality: Accidental and Intentional Influences of Family, Peers, and the Media. *Sexuality Research & Social Policy: Journal of NSRC: SR & SP*, 8(4), 253–266. <http://doi.org/10.1007/s13178-011-0052-3>
- Erkut, Sumru, Grossman, Jennifer M., Frye, Alice A., Ceder, Ineke, Charmaraman, Linda, & Tracy, Allison J. (2013). Can Sex Education Delay Early Sexual Debut? *Journal of Early Adolescence*, 33(4), 482-497
- ETR. (2017). Center Home. Retrieved February 15, 2018, from <https://www.etr.org/eb/programs/get-real/>
- Grossman, J. G., Frye, A., Charmaraman, L., & Erkut, S. (2013). Family homework and school-based sex education: Delaying early adolescents’ sexual behavior. *Journal of School Health*, 83(11), 810- 817

**Full list available upon request