



Superintendent's Health Education Task Force School Committee Recommendations

Executive Summary:

- **The Role of the Task Force** - The Task Force represented a wide range of perspectives and was brought together Middle School parents & community leaders, teachers, medical providers, community experts, and even a religious advisor. The group was intended to be broad and diverse and bring many opinions to the table. We are very excited to recommend the Health Education curricula before the Committee tonight.
- **Purpose / Statement of Need** - Greenfield offers many positive prevention programs for youth, but does not presently offer a comprehensive health education program that meets a full range of health and development needs. A comprehensive health education program includes many topics including physical health and nutrition, healthy choices, social emotional skills, substance abuse prevention, and human sexuality. Students in Greenfield Public Schools do not currently have uniform access to classes that address the state and national frameworks for all of these health education topics. Students who receive health education have improved health outcomes, including decreases in teen pregnancy, higher rate of healthy relationships, and improved decision-making around key life decisions.
- **What did we like about the curricula we chose?** Out of all the curricula we reviewed, this was the highest scoring by a long shot. It was the most comprehensive and accessible, and the price is right! Also couples well with free online digital media that are accessible to teachers and families at home.
- **What do Parents and families need to know?** Young people often want to hear from parents about health education. Parents sometimes want tools or support in providing accurate information to their children. Schools can help bridge the gap with a comprehensive health education. Parent/guardian trainings will be provided prior to implementation, and parent letters will be sent home. Parents that wish to opt-out of health education, can do so.

- **What are we recommending?** The Task Force reviewed 8 curricula to identify those that were comprehensive, research-based, and inclusive. The Task Force recommends the 3 R's curriculum - Rights, Respect, Responsibility. A specific curriculum was also recommended for Special Education students to ensure they have the skills to be safe and advocate effectively for themselves. The curriculum aligns to state and federal standards. The Task Force also endorses the Whole Selves / Whole Children program to meet a clear need for improved health education for Special Education students.
- **What can the Committee do?** Please endorse this request to launch the 3 R's (Rights, Respect, and Responsibility) and Our Whole Selves health education program. Consider expanding aspects of health education to elementary aged children in the future.

Members of the Task Force

With grateful recognition to the following members of the Task Force:

- **Parents / Family Members**
 - Kia Burton King - GMS & Elementary Parent
 - Katie Caron - Chair of Health & Safety Sub-Cmte / GMS Parent/ School/ Cmte member
 - Andrew Varnon - GMS Parent & Coach
- **District Nurse Leader**
 - Melissa Bednarski, GPS Nurse Leader & GMS parent
- **Health Educators**
 - Sallie Gilliland, GMS Health teacher
 - Joey Paoletti, GHS Health Teacher
- **School Guidance Counselors**
 - Deb Potee - GHS Social Worker / School Adjustment Counselor / Certified Sexual Health Educator
- **Classroom Teachers**
 - Frances Ortiz- ELL Teacher
 - Anna Marchefka - 5th grade teacher
 - Marguerite Rancourt - Elementary teacher
- **School Administrators**
 - Jordana Harper - Superintendent
 - Chris Nosel - GPS Grants Administrator
 - Matt Holloway - Pupil Services Director

- **Pupil Services Administrator**

Marisa Masciadrelli - GHS Pupil Services

- **Community Representatives**

Keleigh Pereira - Three County Continuum of Care at Community Action Pioneer Valley/Franklin County Resource Network/Hampshire Franklin Commission on the Status of Women and Girls

Alyssa Valbona - Community Health Center of Franklin County / Sexual Health Program Manager

James Shultis - Massachusetts Commission on LGBTQ Youth, Safe Schools Program Trainer & Consultant

Ilana Gerjuoy - Greenfield Safe Schools, Safe Streets Coalition (4SC)/Partnership for Youth/Trainer on Sexual Assault and Relationship Abuse Prevention and Intervention

- **Religious Advisor**

Heather Blais - Pastor & GMS Parent

What is Health Education? (Defining the Scope of our Work)

Health Education includes the comprehensive frameworks for Health in the Commonwealth of Massachusetts, including:

- <http://www.doe.mass.edu/frameworks/health/1999/1099.pdf>
- <http://www.doe.mass.edu/frameworks/health/1999/physical.html#repro>
- Safe and Supportive Schools Self-Reflection Tool: <http://bhps321.org/>
- DESE Safe & Supportive Schools webpage: <http://www.doe.mass.edu/sfs/safety>
- Healthy Choices (Including: Physical Education, Healthy Foods, Friendships, Self-Care, Emotional/ Mental Health, etc.)
- Prevention Topics (Including: Vaping, Alcohol, Drugs, Tobacco products, etc.)
- Physical Health (Growth and Development, Physical Activity, Fitness, Nutrition
Reproduction/Sexuality)

What Resources are Available to Students & Families in Greenfield Public Schools now?

- MA Health/Science standards (Grades preK-12)
- Responsive Classroom (Grades K-4): <https://www.responsiveclassroom.org/>
- Lifeskills (Grades 5-7): <https://www.lifeskillstraining.com/>

Additional resources, specific to vaping:

<https://www.lifeskillstraining.com/botvin-health-connections-e-cigarettes-and-vaping-a-new-resource-for-addressing-this-health-crisis-with-1st/>

- Project Here (Grades 5 -7):
<https://www.mass.gov/project-here-substance-use-prevention-education>
- Positive Action (Grades 6-7) <https://www.positiveaction.net/>
- After-School Clubs (GSA Grades 5-7, Spectrum Grades 8-12)
 - i. GPS has committed to partnering with the Massachusetts Attorney General's Office's **Violence Prevention and Mental Health Training Program in Grades 6-12**. This initiative is in partnership with Sandy Hook Promise (SHP), a national non-profit organization that is dedicated to violence prevention education and has trained millions of students and adults across the country. The program includes:
 - Start With Hello, an evidence-based prevention program that trains and empowers middle and high school students (grades 6-12) on how to recognize social isolation within their classroom/school, reach out and help;
 - ii. Say Something, an evidence-based prevention program that trains and empowers middle and high school students (grades 6-12) how to look for and recognize threats – especially on social media -- and tell a trusted adult;
 - iii. Signs of Suicide, an evidence-based youth suicide prevention program that teaches middle and high school students (grades 6-12) to recognize the symptoms of depression and suicide and to tell a trusted adult if they observe signs/symptoms in a peer or themselves.
 - iv. Create a student leadership club, called a "SAVE (Students Against Violence Everywhere) Promise Club."
- Screenagers (Hosted viewings at Greenfield Middle School & GHS annually since 2015): *Growing up in the digital age* <https://www.screenagersmovie.com/>
- Additional Community Services and Supports
 - i. Children's Advocacy Center; NELCWIT (New England Learning Center for Women In Transition - Domestic Violence Resource); Tapestry Health; CSO; Community Action; Franklin County Resource Network; Salasin

Center; YMCA; Franklin County United Way; Safe Schools, Safe Streets Coalition; Religious leaders; and more.

Why does Health Education matter?

“Health education builds students' knowledge, skills, and positive attitudes about health. Health education teaches about physical, mental, emotional and social health. It motivates students to improve and maintain their health, prevent disease, and reduce risky behaviors... Numerous studies have shown that healthier students tend to do better in school. They have higher attendance, have better grades, and perform better on tests.” See:

https://www.education.nh.gov/instruction/school_health/health_coord_education.htm#health_ed

Statement of Need

The goal of the Superintendent’s Health Education Taskforce is to evaluate evidence based, medically accurate, developmentally age appropriate and comprehensive health education programs, with the goal of presenting the findings to the School Committee in the Summer of 2019 for implementation in Greenfield Public Schools in the Fall of 2019. The Task Force is comprised of a broad representation of parents/caregivers, educators, and community experts. This health education program is intended to complement and expand the work of health education in the Greenfield Public Schools, and is in response to a broad consensus from families, educators, and administration to provide a more comprehensive health education program.

The need for a proactive and preventative approach to health education for our youth is seen in compelling statistics, in this state and nationwide. A comprehensive health curriculum will emphasize the building of social and emotional skills to navigate healthy relationships, improve communication with peers and adults, support and encourage caregivers’ involvement and empower young people to make healthy and informed decisions in how they care for themselves throughout their lives. This program will also more effectively recognize the vulnerabilities and support the needs of vulnerable populations, including LGBTQ and special needs communities in our schools.

Throughout the state, over 244 schools have already implemented comprehensive, medically accurate and evidenced based health education programs that include sexual health education. Building skills, providing medically accurate and age appropriate information while encouraging students to think about long term health consequences of behavior and the importance of open and honest communication are all reasons for Greenfield's Public Schools to implement an research-based comprehensive health program.

The need for comprehensive health education programs has been endorsed by groups like the National Association of School Nurses, American Public Health Association, the US Department of Health and Human Services and the National Education Association. The research shows that comprehensive health programs have helped to effectively decrease STIs and teen pregnancies while helping to delay sexual activity and supporting vulnerable, at risk, populations.

The work of the Superintendent's Health Education Task Force coincides with the School Committee's complete review of all GPS Policies, including policy IHAM ("Health Education,") and IHAM-A ("Parental Notification Relative to Sex Education"). In addition, there is pending legislation at the State level, including the anticipated 2020 passage of Massachusetts' Healthy Youth Act S.263, H 410. Massachusetts residents recognize the need for young people to protect their health and plan for their futures with a majority of likely voters strongly believing in a comprehensive sexual health education program in the public schools.*

* EMC Research of 580 voters across Massachusetts conducted in June 2018 in a phone survey with a margin of error of +-4.4 percentage points.

Parental Support and Positive Impact

The vast majority of young people cite their parents/guardians as their preferred source of information about health and development, however parents are not always confident in how or when to provide this information. A comprehensive school health education program can help to bridge this gap. The curricula reviewed include parental education components designed to

support the parent / guardian's role in discussing health education topics with their teens, and validate parents/guardians as the primary source of education on health education.

93% of parents report placing high value on sexual health education in both middle school and high school (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5495344/>). Research has shown that providing comprehensive health instruction including sexual education is known to improve health and long-term factors for youth, including reducing teen pregnancy and delay onset of first sexual incidents. "Receipt of sex education, regardless of type, was associated with delays in first sex for both genders, as compared with receiving no sex education." ([https://www.jahonline.org/article/S1054-139X\(11\)00717-8/fulltext](https://www.jahonline.org/article/S1054-139X(11)00717-8/fulltext))

Local 2019 student survey data about sexual behavior and experience from Greenfield 8th, 10th, and 12th graders demonstrates the importance of providing accurate and comprehensive health education. National and state-level data shows that a significant number of students are sexually active during high school and some students are already sexually active at younger ages.

Regarding the need for an inclusive curriculum that will effectively serve a diverse community, student survey data and data from the Department of Elementary and Secondary Education (DESE) show that Greenfield students are diverse in multiple ways. According to DESE, 16% of Greenfield High School students are students with disabilities and 18% were either English Language Learners or had a first language other than English.

The Superintendent Launches the Superintendent's Health Education Taskforce

To meet a growing need for a more comprehensive Health Education curricula for students, the Superintendent of Greenfield Public Schools convened a Health Education Task Force in Spring, 2019 that included educators, administrators, parents, health professionals, religious advisors, and knowledgeable community members for the purpose of reviewing and advising on health education curriculum for all of its students. The Task Force was charged with researching, reviewing, and evaluating evidenced-based, medically accurate, health education curricula, and making a recommendation to the Superintendent as well as the School Committee.

Members of the task force were drawn from a broad range of constituents and designed to represent the expertise and input of Parents, Doctors & Nurses, Principals, Physical Education Teachers, Health Educators, Guidance Counselors, Special Educators & English Language Learner Teachers, Elementary - High School Teachers, as well as a community-based Religious Advisor. In all, nearly 20 representative members served on the Committee. The expertise of community agencies specializing in reproductive health and education, including prevention of domestic violence, was reflected on the Task Force.

Criteria for Evaluating Health Education Curriculum Materials

Criteria for the curricula included ensuring that they met the National Health Education Standards, were medically accurate, aligned to the DESE Massachusetts Health Curriculum Frameworks (1999), and represented the diversity of families and students in our schools, while meeting the unique needs of the Greenfield academic community. The committee's task was to find a curriculum that was evidence-based, comprehensive, inclusive, teacher friendly, and be designed for grade-appropriate ease of understanding.

The committee was guided by these definitions:

- **Research-based / evidence-based:** has a solid scientific basis and has been utilized in K-12 schools with positive results
- **Comprehensive:** addresses a developmentally appropriate range of Health topics and the MA State Standards including Physical Fitness, Emotional/Mental Health, Sexual Education, Healthy Choices, Body Image, Positive Relationships / Healthy Boundaries, Gender, STD Prevention, etc.
- **Inclusive:** represents a diverse range of families, students, cultures, and lifestyles in a way that is respectful of the many students in the Greenfield Public Schools, with consideration for **special education health curriculum** that specifically modifies the health curriculum to address particular needs.

In addition, the Task Force considered curricula that would complement and augment, rather than replace or duplicate, existing supports and integrated curricular offerings, and that were financially viable long-term.

Why include Special Education for Health?

A Special Education component is essential because young people of all abilities deserve to be empowered to be happy, healthy, and safe. Research consistently shows that special education students are not adequately educated in these topics. (e.g. <https://pdfs.semanticscholar.org/988a/28bf83a1873b5b6308b32c08809715344c2d.pdf>)

Timeline for Implementation - Why Now?

The timely and important work of the Superintendent's Health Education Task Force coincides with the School Committee's complete review of all GPS Policies, including policy IHAM ("Health Education,") and IHAM-A ("Parental Notification Relative to Sex Education"). In addition, there is pending legislation at the State level, including the anticipated 2020 passage of Massachusetts' Healthy Youth Act S.263, H 410. Massachusetts residents recognize the need for young people to protect their health and plan for their futures with a majority of likely voters strongly believing in a comprehensive sexual health education program in the public schools.*

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The task force served as an advisory committee that reviewed, discussed, and critiqued a variety of curricula identified through research, recommendations, and use of the Health Education Analysis tool.

Approval by the School Committee & Implementation Timeline

Once approved by Greenfield's School Committee, the Task Force's goal is to introduce and implement the suggested, community-supported, comprehensive health education curriculum for implementation in the 2019 - 2020 school year. The Superintendent supports this goal, and the Task Force was timed to coincide with implementation for Fall, 2019.

Furthermore, the selected comprehensive health curriculum needs to emphasize the building of social and emotional skills as children navigate healthy relationships, improve their communication with peers and adults, supports and encourages caregivers' involvement with their children and empowers young people to make healthy and informed decisions in how they care for themselves throughout their lives. A recommended curriculum will also more effectively recognize the vulnerabilities and support needs of vulnerable populations, including LGBTQ and special needs communities in our schools.

Summary of Meetings

The Task Force met during Spring and Summer, 2019. The meetings were productive and meaningful - the diverse backgrounds of the members enlightened the group by sharing their various perspectives. It was important to all that the suggested curriculum be factual and scientifically accurate while being sensitive to our students' and families' cultural, moral, values and religious concerns. **Our discussions concluded that it is our (the school's) responsibility to deliver factual, scientific information while it is the families' responsibility to provide the moral and family values component.** The latter will be guided by parent education offered by the District in collaboration with community health experts and religious leaders.

The advisory committee was diligent in their review of the variety of curricula presented and scored/ranked them according to the criteria for grade span general education and special education. Curricula with higher scores were not only evidence-based, they were comprehensive for all grade/age levels, available in Spanish, provide a clear, understandable curriculum format, were reasonable in length of lessons, provide online curriculum supports and activities, provide a Teacher's Guide, have a Parent/family education component and are affordable or free.

Rights, Respect, and Responsibility

Those curricula that met all of the guiding definitions for curricula were evaluated further. Those curricula were **evidence-based**, with demonstrated positive outcomes, and use educational theory and public health theory. As noted above in the descriptions, they fully meet the National Sexuality Education Standards. They are **comprehensive**, fully developed curricula which are designed to be easy for schools to implement right away without staff time

needed to curate and organize lessons. They both include a broad range of topics that are important for effective health education, which the task force noted. **Inclusivity** is one of the strengths of both curricula as well.

One such curricula was **Rights, Respect, and Responsibility**. Inclusivity is a stated, core tenet of the 3Rs curriculum, and both the curriculum and promotional materials include a diverse group of teens. The *Rationale and Values* are clearly stated on the 3Rs website and are in line with the goals of the task force. The 3Rs lesson plans are available for free download on the website, with an option for purchasing hard copies, making it one of the few free options and adding content without additional cost.

The curricula will also fit in well with other health education programming at the middle school level, including the LifeSkills Training program for substance use prevention, social-emotional skills, refusal skills, and violence prevention. The curricula also pairs well with existing initiatives. Both curricula have been recently updated and therefore provide current information that is more likely to resonate with students. The 3Rs website states (in the FAQ) that the curriculum will be updated regularly in response to needs, including new guidelines and definitions from the Centers for Disease Control and Prevention (CDC).

The 3 R's offers related "Amaze" curriculum resources (also free online), which were noted as a valuable resource for school and home use, to supplement a formal health education curriculum. The Task Force noted their short, interactive, media format as being potentially engaging for youth and tools for families to discuss together.

Summary and Recommendations

It is the consensus of the Health Education Advisory Committee that the **The 3Rs (Rights, Respect, Responsibility) and Whole Children** best meet the needs and criteria to launch a pilot program for Greenfield Public School students in the Fall of 2019. Our discussions concluded that it is our (the school's) responsibility to deliver factual, scientific information while it is the families' responsibility to provide the moral and values component.

Appendix A - Curricula Reviewed

The curricula that the task force reviewed each had unique characteristics and strengths. Over 8 curricula that were believed to meet the initial criteria were reviewed by the Task Force. See descriptions of each below.

Amaze (<https://amaze.org/educators>), offers educational videos about health, sexual education and related topics. Amaze materials promise to “take the awkward out of sex ed” and could potentially be used as a supplement to a health education curriculum if specific videos were deemed to be valuable for our school community. Amaze aligns with 3 R’s as a free, digital complement that could support young people and their families in discussing important health topics.

The 3Rs (Rights, Respect, Responsibility) (<https://3rs.org/3rs-curriculum>) is a comprehensive K-12 health curriculum that is free online. It offers components for teachers and families that meets the National Sexuality Education Standards. The 3Rs curriculum materials are grounded in sound, accurate information, and stress that it “reflects the tenets of social learning theory, social cognitive theory and the social ecological model of prevention.” The three authors of the curriculum were also involved with the creation of the National Sexuality Education Standards Core Content and Skills K-12 (2012) and the National Teacher Preparation Standards in Sexuality Education (2014). The 3 R’s are complemented by free, online video/digital resources “Amaze” (<https://amaze.org/educators>). See conclusion for more information on this curriculum.

Get Real Education - <https://www.getrealeducation.org> *Get Real* is a middle school health education curriculum developed by Planned Parenthood League of Massachusetts. The curriculum websites notes its success reducing risky sexual behavior and its emphasis on social and emotional skills “as a key component of healthy relationships and responsible decision making.” The program program was evaluated in a largely urban setting with a diverse student population. The “basic set” of middle school curriculum materials is \$549 with additional costs for workbooks and other materials.

Michigan Model for Health - <https://www.michigan.gov/mdhhs> is a comprehensive Pre-K through 12th health education curriculum first implemented in 1985 as a result of collaboration between multiple state agencies in Michigan. It is based on the Adapted Health Belief Model (a combination of social and behavioral change theories). Because it has been used for over 30 years, it is well-tested, with positive results in randomized control trials

including Better interpersonal communication skills, Stronger social/emotional skills, and other areas.

However, the curriculum has not been updated for several years. There are a variety of products with different costs. Some include the following: Support materials for each grade are \$160. Each teacher manual is \$65 per grade (or sometimes 2 grades).

Family Life and Sexual Health (FLASH) - for middle & high school students with special needs

(<https://www.kingcounty.gov/depts/health/locations/family-planning/education/FLASH/special-education.aspx>) is a sex education and “family life” curriculum that was first created in 1991 and most recently updated in 2005-2006. It uses a public health perspective and focuses on education that will lead to students “who are knowledgeable about human development and reproduction, respect and appreciate themselves, their families and all persons, and will neither exploit others nor allow themselves to be exploited.” Lesson plans on a variety of sex education topics and are available for free download on the website.

Our Whole Lives - <https://www.uua.org/re/owl> - is a health & sexual education curriculum developed by two religious organizations that is used in faith communities as well as by public schools and groups in other settings. It contains no religious references or doctrine and focuses on accurate information, challenging stereotypes and myths, fostering healthy relationships and self-esteem, and improved decision-making. It is designed for k-12 and also has curricula for young adults and adults of all ages. It is based on the Guidelines for Comprehensive Sexuality Education and in each category meets or exceeds the National Standards for Sexuality Education Core Curriculum, K-12.

Positive Prevention PLUS - (<https://www.positivepreventionplus.com/> - also see <https://www.positivepreventionplus.com/curriculum/special-education>) is a comprehensive, evidence-based sexual health and teen pregnancy prevention curriculum for grades 7-12 (and out-of- school youth) with a special education curriculum designed for students with disabilities. The website states that it is “written by teachers, for teachers.” It meets multiple national and California standards, including the National Sexuality Education Standards. It was last updated in 2018. Research on the program not only demonstrated a statistically-significant delay in the onset of sexual activity, but also showed increases in student-parent communication around sexual health issues. The curriculum is available for purchase on the website.

Whole Children / Whole Selves- <https://www.wholechildren.org/> is a learning community based in Hadley, Massachusetts. This local organization, founded by parents of students with disabilities, offers “recreational, social, skill-building and enrichment programs for children of all abilities, specifically designed for those with special needs.” The organization has a health education curriculum called “Whole Selves,” and the task force was privileged to have a personal presentation by **Whole Children** Program Manager Julie Hooks and instructor Maggie Rice. They explained how the Whole Selves curriculum is designed to reach a population of students with disabilities, how the instruction is delivered, and the parent component. The curriculum focuses on the unique needs of students with significant disabilities, and is designed to improve self-advocacy and improve both health and safety outcomes for students. We very much appreciated meeting Julie and Maggie, and requested a proposal that includes a co-teaching model for the first year of implementation. This locally-based group is highly reputable and was responsive to the Task Force’s requests for presentations & information.