

Exemplary Sexual Health Education (ESHE)

Rationale:

Just as schools are critical to preparing students academically and socially, they are also vital partners in helping young people take responsibility for their health and adopt health-enhancing attitudes and behaviors that can last a lifetime. Health education is integral to the primary mission of schools, and provides young people with the knowledge and skills they need to become successful learners and healthy and productive adults. Increasing the number of schools that provide health education on key health problems, such as HIV, other STD, and pregnancy, is a critical objective for improving our nation's health.^{1,2}

Thirty-three states currently mandate HIV education; of those, 20 mandate additional sexual education (e.g., programs that describe sexual development, provide skills to establish healthy relationships and prevent behaviors that increase the risk of HIV, other STD, and unintended pregnancy).³ Regardless of the emphasis in content, sexual health education programs should be medically accurate; consistent with scientific evidence; tailored to students' contexts and the needs and educational practices of communities; and should use effective classroom instructional methods. Sexual health education should allow students to develop and demonstrate developmentally appropriate sexual risk avoidance and reduction-related knowledge, attitudes, skills, and practices.

Independent reviews of the scientific evidence show that well-designed and well-implemented HIV/STD prevention programs are effective in decreasing sexual risk behaviors among youth.^{4,5}

Specific outcomes include:

- Delaying first sexual intercourse⁶⁻⁹
- Reducing the number of sex partners⁹⁻¹²
- Decreasing the number of times students have unprotected sex¹³⁻¹⁵
- Increasing condom use^{14,16,17}

Notably, the HIV prevention programs were not shown to hasten initiation of sexual intercourse among adolescents, even when those curricula encouraged sexually active young people to use condoms.^{18,19}

In addition, effective HIV/STD prevention programs can be cost-effective. An economic analysis of one school-based sexual risk reduction program found that for every dollar invested in the program, \$2.65 was saved in medical costs and lost productivity.²⁰ Other studies have found similar savings for HIV prevention programs focusing on youth who are at disproportionate risk for HIV, including young gay and bisexual men^{21,22} and urban African American male adolescents.²³

Definitions:

1. Evidence-Based Interventions (EBI): A program that has been (i) proven effective on the basis of rigorous scientific research and evaluation and (ii) identified through a systematic independent review. This funding opportunity announcement (FOA) is specifically interested in those EBIs that show effectiveness in changing behavior associated with the risk factors for HIV/

STD infection and/or unintended pregnancy among youth; these behaviors may include delaying sexual activity, reducing the frequency of sex, reducing the number of sexual partners, and/or increasing condom or contraceptive use.

2. Evidence-Informed Programs (EI): “A program that is informed by scientific research and effective practice. Such a program replicates evidence-based programs or substantially incorporates elements of effective programs. The program shows some evidence of effectiveness, although it has not undergone enough rigorous evaluation to be proven effective”.²⁴
3. Exemplary²⁵ Sexual Health Education (ESHE): A systematic, evidence-informed approach to sexual health education that includes the use of grade-specific, evidence-based interventions, but also emphasizes sequential learning across elementary, middle, and high school grade levels. ESHE provides adolescents the essential knowledge and critical skills needed to avoid HIV, other STD, and unintended pregnancy. ESHE is delivered by well-qualified and trained teachers, uses strategies that are relevant and engaging, and consists of elements that are medically accurate, developmentally and culturally appropriate, and consistent with the scientific research on effective sexual health education. For more information: www.cdc.gov/healthyouth/sher/characteristics/index.htm and [www.cdc.gov/healthyouth/hecat/pdf/HECAT Module SH.pdf](http://www.cdc.gov/healthyouth/hecat/pdf/HECAT_Module_SH.pdf).

Resources:

- Characteristics of an effective health education curriculum
<http://www.cdc.gov/healthyouth/sher/characteristics/index.htm>
- Analysis of health education curriculum
<http://www.cdc.gov/healthyouth/HECAT/>
- Federal registries of evidence-based programs for youth
<http://www.cdc.gov/healthyouth/AdolescentHealth/registries.htm>
- Selecting and implementing evidence-based sexual health education programs
<http://www.cdc.gov/TeenPregnancy/PDF/LittlePSBA-GTO.pdf>
http://www.nrepp.samhsa.gov/Courses/Implementations/NREPP_0101_0010.html
- Adapting sexual health education curriculum
<http://www.acf.hhs.gov/sites/default/files/fysb/prep-making-adaptations-ts.pdf>

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