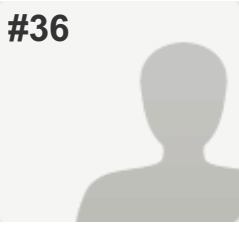


# Ending the Epidemic Task Force Recommendation Form

#36



**COMPLETE**

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**Q2: Title of your recommendation**

NYS Should Update Its AIDS Education Requirement

**Q3: Please provide a description of your proposed recommendation**

NYS Department of Education should update its AIDS education requirement (8 NYCRR 135.3(b)(2) and 135.3(c)(2)). The following changes should be made to the regulation:

- The regulation should require that school districts select curricula that are listed on the CDC Adolescent and School Health registry (or other related best practice sites) or that meet CDC best practice review criteria using HECAT (Health Education Curriculum and Assessment Tool)
- The regulation should require that HIV/AIDS prevention education shall remain current and accurately reflect the latest information and recommendations from the federal Centers for Disease Control and Prevention (CDC)
- The regulation should require that DOH author and disseminate on an annual or bi-annual basis, an HIV medical update to ensure that teachers have current information
- The regulation should require that information about PrEP and PEP be included in prevention lessons
- The regulation should require that middle and high school students receive information on local resources for HIV testing and medical care.
- The regulation should require that the lessons be unbiased
- The regulation should require that lessons include skills-building, including communication, refusal, decision-making, planning, and goal-setting
- The regulation should require discussion of HIV myths, stereotypes, and stigma
- The regulation should require that districts submit an implementation and monitoring plan to the State Department of Education
- All references to "AIDS" should be changed to "HIV/AIDS"
- The regulation should further require those who teach HIV education are to receive appropriate training and ongoing access to resources and support. The HIV education mandate demands a meaningful monitoring plan. Essential to the success of implementation is the creation of a system to support best practices, including training of teachers and creation of a centralized hub for compilation and dissemination of supportive resources and practices.

## Ending the Epidemic Task Force Recommendation Form

**Q4: For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? (Select all that apply)**

Identifying persons with HIV who remain undiagnosed and linking them to health care

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Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission

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Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

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Other (please specify) Prevention among youth

**Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)**

Prevention Committee: Develop recommendations for ensuring the effective implementation of biomedical advances in the prevention of HIV, (such as the use of Truvada as pre-exposure prophylaxis (PrEP)); for ensuring access for those most in need to keep them negative; and for expansion of syringe exchange, expanded partner services, and streamlined HIV testing by further implementing the universal offer of HIV testing in primary care, among others. The Committee will focus on continuing innovative and comprehensive prevention and harm reduction services targeted at key high risk populations, as well as grant-funded services that engage in both secondary and primary prevention.

**Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?**

Change to existing policy

**Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?**

Other (please specify)  
Regulatory change required

**Q8: Is this recommendation something that could feasibly be implemented in the short-term (within the next year) or long-term (within the next three to six years)?**

Within the next year

**Q9: What are the perceived benefits of implementing this recommendation?**

Commissioners Regulation 135.3 requires school districts to provide AIDS instruction in grades K-6 and as part of the required health education course that occurs once in grades 7/8 and once in grades 9-12, yet provides virtually no substantive guidance or support to school districts.

Further, the regulatory language of the mandate has not been updated since 1992. A contemporary read reveals that essential topics must be added, and the regulation must be reviewed and updated to keep it relevant.

Further, the quality of HIV education, and the degree to which curricular materials are current, varies dramatically across the state (see <http://www.nyclu.org/publications/report-birds-bees-and-bias-2012>). The proposed updates to the regulation would provide needed guidance and detail to teachers and administrators, and in turn allow for greater consistency of implementation. Additionally, the proposed updates would help to ensure that lesson plans and curricular materials reflect current science, that they directly address HIV stigma, and that they newly emphasize skills-building alongside knowledge.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

No.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

- \* Costs to districts to review curricula for compliance with new requirements and invest in new curricula
- \* Costs to districts to invest in teacher training
- \* Costs related to monitoring compliance

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

- \* Heightened awareness of PrEP among at-risk young people, and associated rise in PrEP uptake
- \* A drop in HIV stigma/bias and more respect, caring and empathy for people with HIV and their family members
- \* Increased student connection to local healthcare facilities
- \* Increased compliance, inclusiveness and integration of the Dignity for All Students Act and related components
- \* By decreasing stigma and raising awareness, education encourages testing and connection to care

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

- Students/Youth
- Parents
- Teachers
- Principals
- Superintendents and local Boards of Education
- NYS Department of Education

## Ending the Epidemic Task Force Recommendation Form

### **Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

- Draft revised regulatory language
- Pursue federal funding opportunities to support training and implementation
- Hire state-wide trainers (DOE)
- Create/centralize repository of online resources, taking advantage of existing resources (e.g. from the CDC: <http://www.cdc.gov/healthyyouth/AdolescentHealth/registries.htm>, and the Office of Adolescent Health at HHS: [http://www.hhs.gov/ash/oah/oah-initiatives/teen\\_pregnancy/db/](http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/))
- Disseminate revised regulation
- Create train the trainer calendar, with sessions to be offered across the state, and online
- Provide contacts at State DOE to serve as supports to districts, principals, and teachers
- Execute monitoring plan

### **Q15: This recommendation was submitted by one of the following**

Other (please specify)

Ad Hoc End of AIDS Community Group: ACRIA, Amida Care, Correctional Association of New York, Jim Eigo (ACT UP/Prevention of HIV Action Group), GMHC, Harlem United, HIV Law Project, Housing Works, Latino Commission on AIDS, Legal Action Center, Peter Staley (activist), Terri L. Wilder (Spencer Cox Center for Health), Treatment Action Group, VOCAL New York