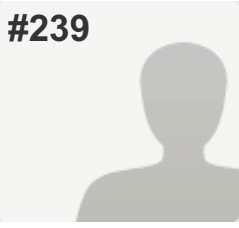


Ending the Epidemic Task Force Recommendation Form

#239



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Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)

First Name	Alexis
Last Name	Alvarez
Affiliation	Union Settlement Association- East Harlem Teen Health Project
Email Address	aalvarez@unionsettlement.org

Q2: Title of your recommendation NYC DOE Legislation on Sexual Health

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Q3: Please provide a description of your proposed recommendation

I am recommending a change to the current New York City Department of Education legislation concerning Sexual Health Education, specifically the ban on condom demonstrations. I am a Middle School Youth Advocate for the East Harlem Teen Health Project (a Union Settlement program). We are a HIV/AIDS, STI, & teen pregnancy prevention program and as such I work very closely with schools in the East Harlem area. Health teachers (which are usually one in the same with Gym teachers) reach out to me to facilitate our evidence-based workshops to their students when it comes time for them to cover HIV/AIDS and STIs in their curriculum. I am happy to oblige but my issue is that I am not allowed to conduct condom demonstrations or show how to properly use a condom. Moreover, I am not even allowed to physically bring one into the class or talk in depth about how they or other contraceptives work. My issue with this is our Teen Health Project curriculum is very in depth and I usually get questions from students that I cannot legally answer in a classroom setting. This is also the case for after-school programs that are held on DOE grounds. I have been threatened by school administration with legal action if I was to do so. Middle School is NOT too young to learn this material. I have had 11, 12 & 13 year old MOTHERS in my classes. And if parents feel the need to opt their child out from these classes, they may do so directly with the school.

It is a sensitive topic, I agree, but that is why we need more trained facilitators to deliver the material instead of Gym teachers posing as Health teachers. When I facilitate in schools I always get praise and commendations from the teachers. They all love the material and the fact that I am able to facilitate it to their students. Moreover, I often hear comments from the teachers stating that I taught THEM something.

As is now stands, I cannot showcase condom demonstrations, discuss contraceptives or facilitate "risky behavior situations" activities. This cuts my evidence-based curriculum down to the bare essentials and in my opinion, that is not enough. How can I completely talk about and educate our youth on HIV and other sexually transmitted infections when I cannot show them how to properly protect themselves from transmission. The legislation is a bit different for high school, in that students are allowed to visit their high school's health resource room, or a nurse to ask for condoms or a condom demonstration. However, it has been my experience that students often feel too embarrassed or ashamed to do so, and therefore do not take advantage of this available opportunity.

During many trainings I have attended I have encountered several organizations and programs just like us who are allowed to perform condom demonstrations in a classroom setting and allowed to facilitate their evidence-based program with full integrity. These organizations are all located out of New York City. How can inner city youth benefit from evidence-based curricula when we as facilitators are not allowed to fully deliver the material? How can I speak on HIV and AIDS, and the struggles therein, without explaining how to prevent it? How can we be sure that our inner city youth are being properly educated on the truths about how to protect yourself?

New York City's DOE legislation on Sexual Health Education must change to accommodate the growing number of adolescents being diagnosed with HIV, ESPECIALLY in areas like East Harlem and Chelsea. If you want to end the epidemic, you must teach the upcoming generation the skills they need to stay protected. Otherwise, our under-educated youth will continue to propagate this epidemic and there will be no end in sight.

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)

Other (please specify)

Preventing exposure to HIV via proper education

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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?

Statutory change required, Unknown

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)?

Unknown

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

Students in New York City schools will be properly educated not only on what HIV is and how it transmits to another person but also how to PROPERLY PREVENT transmission.

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

Respondent skipped this question

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

Respondent skipped this question

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

Respondent skipped this question

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

Youth who attend New York City public schools.

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

Respondent skipped this question

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Q15: This recommendation was submitted by one of the following Advocate