

Ending the Epidemic Task Force Recommendation Form

#237



COMPLETE

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

Respondent skipped this question

Q2: Title of your recommendation

Early HIV Prevention Education in Schools!

Q3: Please provide a description of your proposed recommendation

1. State Policy requiring grade K-12 comprehensive sexuality education in all NYS schools as part of a comprehensive health education program.
2. Requirement for all schools to have a comprehensive sexuality education policy.
3. Grade K-12 comprehensive sexuality education curriculum, instruction and assessment that is:
 - Sequential
 - Age and developmentally appropriate
 - Unbiased
 - Culturally appropriate
 - Medically accurate
 - Research-based or evidence informed
 - Aligned with the NYSED Health Education Standards and Guidance Document and the National Sexuality Education Standards including functional knowledge and a strong health skills base in the following areas: anatomy and physiology, puberty and child and adolescent development, pregnancy and reproduction, STD's, healthy relationships and personal safety.
4. Ongoing, quality professional development for elementary educators, health educators and FACs teachers providing the K-12 sexuality education in schools.
5. Ongoing implementation and monitoring to ensure quality programming and sustainability of health and sexuality education in schools.

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)
HIV prevention and 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?

Unknown

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

Permitted under current law

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?

HIV awareness and prevention from a young age. Students and young people who have knowledge and skills to prevent HIV will be able to lower the numbers of infection.

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?

The cost of hiring a Health educator in schools to provide the education.

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?

All communities.

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

Respondent skipped this question

Q15: This recommendation was submitted by one of the following

Member of the public,

Other (please specify) Health Educator