

# WISCONSIN AIDS/HIV PROGRAM NOTES

---

August 2013

## HIV Prevention in the Schools: Strategies and Synergy

*Lori Stern, MA Ed, Education Consultant, School HIV Prevention and Safe and Supportive Schools Project, Wisconsin Department of Public Instruction*

This issue of the *AIDS/HIV Program Notes* focuses on HIV prevention strategies in Wisconsin schools, including both educational and structural interventions. Public health has had an established and vested interest in schools, the place where most children spend the majority of their time. From the far-reaching sanitary and vaccination programs in the 1800s to the more recent coordinated response to H1N1 influenza, there have been clear benefits from public health programs in schools.

While public health efforts in schools have demonstrated positive results, there are also challenges. Health programs in schools often compete for time and resources that many believe should be devoted to math, reading, and writing -- subjects for which schools are held accountable. At the same time, HIV prevention efforts have shifted from a focus on the general population to more intense efforts on reaching populations at greatest risk of acquiring and transmitting HIV. In an effort to face these challenges and trends in delivering HIV prevention services in schools, a long-standing partnership has existed between the state education agency, the Wisconsin Department of Public Instruction (DPI), and the Wisconsin Department of Health Services (DHS).

### **A constellation of risk: the survey says...**

Since 1993, the DPI has coordinated the administration of the Youth Risk Behavior Survey (YRBS) among high school students in Wisconsin. This survey is administered every two years and includes both state level weighted data and Milwaukee Public Schools data. DPI collaborates with DHS to produce an executive summary of YRBS data. The report contains findings for eight priority areas: protective assets; traffic safety; weapons and violence; suicide; tobacco use; alcohol and other drug use; sexual behaviors; and nutrition and exercise. The priority areas collectively create a comprehensive view of youth risk and protection. The YRBS enables schools to build a case for addressing student risk behaviors in aggregate and data analysis, validated by DHS, strengthens these efforts. The 2011 executive summary is available on the web at [http://sspw.dpi.wi.gov/sspw\\_yrbsindx](http://sspw.dpi.wi.gov/sspw_yrbsindx).

Since 2007, DPI has offered the option of local level data collection via the online YRBS. While the system does not create weighted data, communities can track the impact of local efforts that address key priority areas. Questions in the online system mirror the state YRBS survey and include an option for collecting middle school data in addition to high school data. DPI provides schools and communities with technical assistance in the development of locally designed questions.

In the area of sexual health, Wisconsin is one of 15 states that have supplemented the YRBS national core questions on sexual behavior. Since 2007, the Wisconsin YRBS has included

August 2013

questions about the sex of sex partners and sexual identity in an effort to learn more about sexual minority youth. For nearly every indicator, youth who had sexual contact with a partner of the same sex (sexual minority youth) reported risk behaviors at significantly higher levels than their peers with only opposite-sex sexual partners (sexual majority youth). DPI and DHS collaborate to continually improve the responsiveness of the survey. In 2013, DPI added questions regarding housing instability and the partner age differential at last sexual contact between the respondent and his or her most recent sexual partner.

Given that sexual risk-taking results in outcomes associated with HIV, STDs and teen pregnancy, DHS and DPI jointly release a report titled “Wisconsin Youth Sexual Behavior and Outcomes,” drawing from multiple data sources that create a more complete picture of sexual behaviors and outcomes. This report includes not only YRBS data but also teen birth rates, STD rates, and HIV data for Wisconsin and Milwaukee. The combination of multiple data sources from several program areas in one report has been invaluable for several school and community partnerships. The report can be accessed on the web at <http://www.dhs.wisconsin.gov/lgbthealth/HealthReports/index.htm>.

### **Health education: literacy, knowledge and skills for lifelong health**

Health education classes have been a primary means for schools to deliver HIV prevention. Instruction occurs through sexuality or human growth and development education that is part of a broader comprehensive health curriculum. Health education is a graduation requirement in Wisconsin and most students receive this instruction in middle school and again in ninth or tenth grade. Wisconsin statute [s. 118.019\(5\)](#) requires each school district to form an advisory committee if the school district provides human growth and development instruction. These broad-based committees, including parents, are charged with reviewing current district offerings and curriculum that addresses sexual health and making recommendations to the school board for changes. According to a Kaiser Family Foundation poll of parents in 2000, 65 percent believe that sex education should encourage young people to delay sexual activity but also prepare them to use birth control and practice safe sex once they do become sexually active. Input from public health professionals and concerned parents on these committees is important for ensuring medically accurate, developmentally appropriate, and effective curricular choices. The DPI has several resources available to districts to enable them to assess current health education offerings and choose a curriculum that will best meet local needs and state health education standards (see web link below).

The School Health Profiles (Profiles) survey of secondary administrators and lead health teachers is administered every other year based on a representative, weighted sample designed by the federal Centers for Disease Control and Prevention (CDC). Profiles provide data on policies, health education course content, and teacher professional development. For example, the 2012 Profiles indicate that 25% of middle schools and 67 percent of high schools reported teaching students how to use a condom correctly. In the two years prior to the survey, only 25 percent of teachers reported receiving professional development on HIV prevention and only 17 percent received training on identifying populations of youth who are at high risk of being infected with HIV and other STDs. These numbers have declined steadily over the past four years, as competing priorities make it difficult for teachers to participate in professional development activities.

August 2013

## **A doorway in: HIV prevention beyond health education classes**

### ***HIV prevention through supportive policies in schools:***

Schools also carry out HIV prevention through policies that create a context for HIV prevention efforts:

- *Bullying and Harassment Policies* create safer school climates for all students and work to reduce stigma against sexual minority youth. Although most districts consider anti-gay harassment to be bullying, students and families have the ability to claim harassment or discrimination based on gender expression/non-conformity. These policies are typically stronger than bullying policies.
- *Non-Discrimination Policies* are based on federal titles and regulation and address protected classes of students and adults in a school building or district. Federal and state non-discrimination policies protect students harassed based on sexual orientation, gender, and other protected classes.
- *Confidentiality Policies* are based upon state and federal laws and establish the types of information about students and families that can be disclosed. Often there is confusion regarding confidentiality when students need referrals to health care or community agencies. In addition to confidentiality requirements, there are age of consent issues in making referrals or handling student disclosures.
- *Discipline Policies* play an important role in school climate. As more stakeholders and educators understand the deep disparities in the ways that schools implement discipline policies, there is more guidance and support to schools to create alternatives to suspension and expulsion or exclusionary discipline. Often lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth are over-represented in suspensions. More schools are now addressing inequity in discipline along with recognizing that exclusionary practices, like suspensions, that stem from zero tolerance policies, negatively impact students' feelings of connectedness to school.
- *Human Resource/Adult Staff-Non Discrimination Policies* addressing non-discrimination, health insurance coverage, and employee assistance programs are practices that support staff members who are HIV-infected or who have family members that are infected.
- *Infection Control Practices* - School nurses or health services staff are required to provide at-risk school staff with annual training on bloodborne pathogens and standard precautions as a way to prevent a variety of communicable diseases, including HIV.

### ***Safe & supportive environments***

For sexual minority youth, particularly young men who have sex with men, reducing stigma and increasing a sense of connection to school can be life-saving. The CDC has identified five practices for schools looking to address safe environments and school engagement for LGBTQ youth. They are:

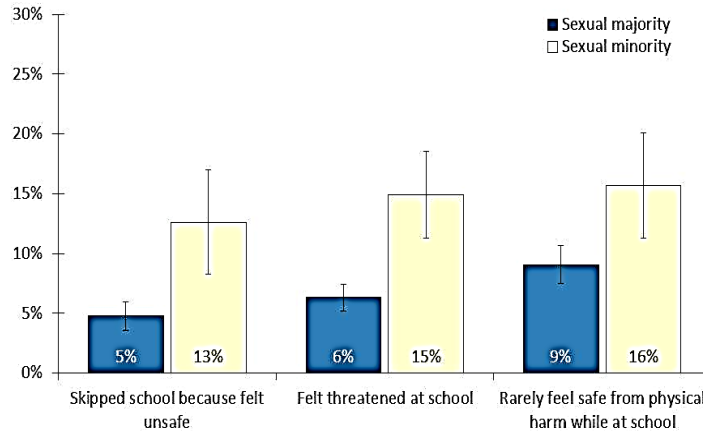
August 2013

1. Strong anti-bullying policies.

2. Inclusive curriculum that highlights contributions made by LGBT people as well as health education that is relevant to the behaviors and life dreams of sexual minority youth.

3. Teacher intervention when students are bullied or harassed, which usually involves professional development and skill building for staff.

Sense of school safety among Wisconsin high school students by sexual minority status, 2007-2011



Source: Wisconsin Department of Public Instruction, Youth Risk Behavior Survey (YRBS)  
 Note: 95% confidence intervals are denoted by the error bars; larger confidence interval size may indicate less reliable estimates and should be interpreted with caution.

4. Gay-Straight Alliance/student clubs. These are important even if most of the LGBTQ students do not participate. Seeing a poster for the club in the hallway, or knowing a club exists, sends a message of acceptance to both LGBTQ students and their allies.

5. Referral processes for school and community resources to increase access for students. All staff, particularly those who students tend to access for support, need to be aware of the resources in the community that can help LGBTQ youth. This is also critical for heterosexual students who may have unmet mental health or reproductive health needs. Research indicates that a focus on sexual minority youth and their safety, particularly starting a Gay-Straight Alliance, improves the school culture and the perception of safety for all students. Data shown in the figure above about school safety indicate that sexual minority youth report feeling safe at school at significantly lower levels than do sexual majority youth.

***HIV prevention and student support services***

School health systems include student support services and staff. These include school nurses, counselors, social workers and psychologists. Although each of their roles is very different, these professionals make up the team of adults not assigned to classrooms that can advocate for and support students. The school nurse can be perceived as a safe person who can provide referrals for HIV testing or reproductive health care. School counselors, psychologists and social workers also have mental health training and are typically more available for professional development and training. Without regular classroom assignments, student support services staff often take leadership roles in climate and systems change setting initiatives in a school or district. They may also represent the schools on community coalitions or health advisory councils.

**August 2013**

Although health education classes have always been regarded as an obvious setting for HIV prevention information in schools, there are many other opportunities and practices that also play a critical role in HIV prevention in education. This is particularly true when the goal is to reach youth at greatest risk. In some communities, community agencies can play an important role in disseminating this important information. Human Growth and Development Advisory Committees and school boards can also develop policies to help youth get the information, skills, and support they need to protect their current and future health.

Below is a list of local and national resources that address HIV prevention in schools:

## **WISCONSIN RESOURCES**

### **Wisconsin HIV Program: Select Analyses of Wisconsin YRBS**

<http://www.dhs.wisconsin.gov/aids-hiv/Stats/index.htm>

### **Wisconsin Department of Public Instruction**

#### **HIV/Human Growth and Development**

[http://sspw.dpi.wi.gov/sspw\\_aidshiv](http://sspw.dpi.wi.gov/sspw_aidshiv)

### **Safe Schools for LGBT Youth**

[http://sspw.dpi.wi.gov/sspw\\_lgbt](http://sspw.dpi.wi.gov/sspw_lgbt)

### **Wisconsin Department of Health Services LGBT Health website**

<http://www.dhs.wisconsin.gov/lgbthealth/>

See Health Reports on left menu bar and LGBT Youth and Educators tabs on the bottom of the page.

### **Gay Straight Alliance for Safe Schools (GSAFE)**

[www.gsafewi.org](http://www.gsafewi.org)

## **NATIONAL RESOURCES**

### **Advocates for Youth: Programs that Work**

<http://www.advocatesforyouth.org/programs-that-work-publications>

### **Centers for Disease Control and Prevention: HIV and STD Prevention with Youth in Schools**

[http://www.cdc.gov/healthyyouth/about/hivstd\\_prevention.htm](http://www.cdc.gov/healthyyouth/about/hivstd_prevention.htm)

### **NASBE: State School Healthy Policy Data Base**

[http://www.nasbe.org/healthy\\_schools/hs/map.php](http://www.nasbe.org/healthy_schools/hs/map.php)