**SHAC Recommendation Letter**

Dear \_[ District Name ]\_ ISD School Board Members,

The \_[ District Name ]\_ ISD School Health Advisory Council presents the following school health issue and recommendation for your consideration.

**ISSUE**

**Students who receive evidence-based health education have better school attendance, grades, and classroom behavior.** [[1]](#endnote-1)  **Further, school-based health education equips adolescents with the knowledge, attitudes, and skills needed to make positive choices about their physical and sexual health. They are also more likely to avoid teen parenthood, thus decreasing their likelihood of** poverty, unemployment, and welfare dependence and increasing their likelihood of graduating high school.[[2]](#endnote-2) By implementing an evidence-based health education program, schools and districts can help teens make informed decisions about their health, positively impact academic performance, and reduce spending on programs for pregnant and parenting teens.

**NEEDS ASSESSMENT/BACKGROUND**

Teen pregnancies and childrearing cost Texas taxpayers $1.1 billion annually.[[3]](#endnote-3) As of 2019, Texas ranked ninth highest in the nation for teen births and third for repeat teen births.[[4]](#endnote-4) In \_[ local district, county, or region ]\_, the teen birth rate is \_[ rate # ]\_ per 1,000 girls 15-19 years old. In [date, e.g., the last year ], \_[ District Name ]\_ ISD had \_[ # ]\_ pregnancies in our schools last year. \_[ District Name ]\_ ISD spent $ \_[ # dollars ]\_ in\_[ date, e.g., the last year ]\_ on \_[ programs for pregnant and parenting students, e.g., daycare, homebound tutoring, etc. ]\_.

Statistics from one large city in Southeast Texas revealed that roughly 1 in 10 middle school students have engaged in sexual behavior.[[5]](#endnote-5) By the twelfth grade, 66% of Texas students report ever having sex.[[6]](#endnote-6) In addition, the U.S. Centers for Disease Control and Prevention (CDC) reports that 1 in 4 teens has a sexually transmitted infection (STI);[[7]](#endnote-7) untreated STIs may lead to serious reproductive health problems such as infertility or certain cancers.

These issues affect students throughout our district, though some youth are at greater risk than others. Minority youth and youth who are economically disadvantaged are more vulnerable to pregnancy or contracting an STI. Given that our student population consists of \_[ %]\_ minority students and \_[ %]\_of district students receive free lunch, we believe students in the district will benefit from evidence-based sexual health education.

**SOLUTION**

**School-Based Sexual Health Education**

The\_[ District Name ]\_ISD School Health Advisory Council (SHAC) values the health and academic success of our students and recognizes that human immunodeficiency virus (HIV), other STIs, and pregnancies in these formative years are serious threats to their current academic achievement and future economic productivity. Studies have shown that school-based sexual health education can positively influence students’ health-related knowledge, skills, and behaviors, and contribute to their academic achievement. Parents overwhelmingly support sexual health education beginning in middle school and believe schools should do more to prevent teen pregnancy and STIs among students.[[8]](#endnote-8) Schools have a responsibility, in coordination with families and communities, to implement evidence-based sexual health education programs that will help students make responsible decisions during their school years and into their adult lives.

**Texas Law**

Texas law requires schools to emphasize abstinence in their sexual health education programs. [[9]](#endnote-9) Newly adopted Health Education Texas Essential Knowledge and Skills (TEKS) include standards discussing condoms and contraceptives as methods to help avoid unintended pregnancies and reduce the transmission of STIs.[[10]](#endnote-10) All effective programs are in compliance with EHAA Legal policy, which provides guidelines for selecting sexual health education programs.

**Process**

The \_[ District Name ]\_ ISD SHAC has taken the following steps in studying the issue of teen pregnancy and sex education curricula:

* [ DATE – EVENT (e.g., signed SHAC resolution statement, conducted needs assessment)]

**Goals and Objectives**

Based on the makeup of the student population and specific needs we identified in the community, the specific goals and objectives for the recommended program are:

1. [GOAL]
   1. [OBJECTIVES (e.g., implement an evidence-based program, implement with fidelity)]

In addition, the SHAC has outlined the following goals and objectives for inclusion in the [ District Name ] district and campus improvement plans:

1. [GOAL]
   1. [OBJECTIVES]

**Recommended Action**

1. Given the significance of unintended pregnancies and STIs and their impact on academic outcomes, and based on the data collected thus far and the goals set by the \_[ District Name ]\_ ISD SHAC, the SHAC recommends at this time that The\_[ District Name ]\_ ISD school board vote to adopt \_[ NAME OF PROGRAM ]\_, an effective, evidence-based program, as an approved sexual health education curriculum;
2. Incorporate goals and objectives that support the implementation of an effective, evidence-based program into district and campus improvement plans for the \_[ school year to begin implementation ]\_ school year.
3. The Board [ “create” or “amend” ] EHAA Local policy to include language about “evidence-based” as a criterion for selecting programs or curricula.

**Description of the Program**

\_[ NAME OF PROGRAM ]\_ is an evidence-based sexual education program. In other school settings, this program \_[ list results from original research: e.g., delays sexual initiation, etc. ]\_. The program contains \_[ # ]\_ lessons designed for the \_[ grade level ]\_ grade(s). Its content includes \_[ describe scope and sequence ]\_. Program information also satisfies the following components of the Texas Essential Knowledge and Skills (TEKS): [ list TEKS ] .

**Implementation Logistics**

The program could be taught in [ describe the course selected and time during the school year for instruction]. The materials and training to properly implement this program costs **\_[ $ ]\_**, and the curriculum is available for review upon request. The \_[ District Name ]\_ ISD SHAC deems the program financially and logistically feasible given the resources of the district.

**Conclusion**

We the undersigned believe that implementing \_[ NAME OF PROGRAM ]\_ will help achieve the specific goals and objectives outlined by the \_[ District Name ]\_ ISD SHAC, will address goals and objectives dictated by the district and campus improvement plans, and will reduce pregnancies and STIs among adolescents in our community. By reducing teen births and STIs, we will help our youth achieve academic success and lead healthy and productive lives.

*Signed by the members of the SHAC*

1. CDC. (2021). CDC Healthy Schools: Health and Academics. Retrieved February 1, 2022 from https://www.cdc.gov/healthyschools/health\_and\_academics/index.htm [↑](#endnote-ref-1)
2. Mann, L., Bateson, D., & Black, K. I. (2020). Teenage pregnancy. Australian Journal of General Practice, 49(6), 310–316. https://doi.org/10.31128/AJGP-02-20-5224 [↑](#endnote-ref-2)
3. The National Campaign to Prevent Teen and Unplanned Pregnancy. (2014). Counting it up: The public costs of teen childbearing in Texas in 2010*.* Retrieved from https://txcampaign.org/wp-content/uploads/2015/01/fact-sheet-texas.pdf [↑](#endnote-ref-3)
4. Martin, J.A., Hamilton, B.E., Osterman, M. J. K., & Driscoll, A.K. (2021). Births: Final Data for 2019. National Vital Statistics Reports, 70(2), 1-51. Retrieved from https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-02-508.pdf; Hamilton BE, Rossen L, Lu L, Chong Y. (2021) US and State trends on teen births, 1990–2019. National Center for Health Statistics. [↑](#endnote-ref-4)
5. Centers for Disease Control and Prevention. 2019 Middle School Youth Risk Behavior Survey Data. Available at: https://nccd.cdc.gov/youthonline/App/Default.aspx. Accessed December 3, 2021 [↑](#endnote-ref-5)
6. Centers for Disease Control and Prevention. 2019 High School Youth Risk Behavior Survey Data. Available at: https://nccd.cdc.gov/youthonline/App/Default.aspx. Accessed February 1, 2022 [↑](#endnote-ref-6)
7. CDC. (2020). STD Testing: Information for Parents of Adolescents. Retrieved February 1, 2022 from https://www.cdc.gov/healthyyouth/healthservices/infobriefs/std\_testing\_information.htm. [↑](#endnote-ref-7)
8. The Texas Campaign to Prevent Teen Pregnancy. (2020). Public Opinion Poll Results. Retrieved from https://txcampaign.org/wp-content/uploads/2021/08/Poll-one-pager.pdf [↑](#endnote-ref-8)
9. Texas State Education Code: <http://www.statutes.legis.state.tx.us/SOTWDocs/ED/htm/ED.28.htm> [↑](#endnote-ref-9)
10. Texas Essential Knowledge and Skills for Health Education: https://tea.texas.gov/sites/default/files/HealthTEKS-Ch115\_adopted-11-2020.pdf [↑](#endnote-ref-10)