

## **BOARD AGENDA ITEM**

**MARCH 10, 2015**

### **SUBJECT:**

Participation in a grant proposal with South Carolina Campaign to Prevent Teen Pregnancy

### **BACKGROUND INFORMATION:**

The South Carolina Campaign to Prevent Teen Pregnancy plans to submit a grant proposal to the U. S. Department of Health and Human Services for between \$1.3 and \$1.5 million per year for five years. The grant would fund efforts to reduce teen pregnancy. Helping Hands, Inc. will be the lead local agency. Aiken County Public Schools has been asked to join the grant as an implementation partner. Year one of the grant would be considered a planning year with implementation in years two through five.

### **ADMINISTRATIVE CONSIDERATION:**

The Comprehensive Health Education Act of 1988 (CHEA) and Aiken County School Board Policy IHAM require that pregnancy prevention be taught as part of a comprehensive health education program. Clear requirements exist based on grade level, make up of classes, length of instruction, and the approval of instructional materials. If approved great care would be taken to ensure that curriculum choices and other decisions associated with participation in this grant meet all aspects of CHEA and policy IHAM. Safeguards would include the CHEA requirement that all reproductive health, family life education, and pregnancy prevention education materials be approved by the thirteen member local CHEA advisory committee. Aiken County Public Schools would reserve the right to withdraw from any agreement that fails to adhere to CHEA and policy IHAM.

### **RECOMMENDATION:**

Approve participation as an implementation partner with the South Carolina Campaign to Prevent Teen Pregnancy in the submission their U. S. Department of Health and Human Services grant.

### **ATTACHMENTS:**

Grant Summary  
Comprehensive Health Education Act of 1988  
Policy IHAM

### **PREPARED BY:**

King Laurence

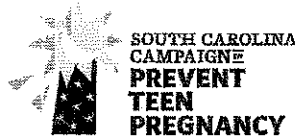


- Funding Opportunity:** Replicating evidence-based teen pregnancy prevention programs to scale in communities with greatest need.
- Funding Source:** US Department of Health and Human Services, Office of Adolescent Health
- Award Details:** \$1,249,999 - \$1,499,999 per year for five years (2015-2020).
- Project Goal:** The goal of this grant funding is to have a significant impact on reducing rates of teen pregnancy and existing disparities by replicating evidence-based teen pregnancy prevention programs (TPP) to scale in at least three settings in communities and with populations at greatest need.
- Proposal Due Date:** April 1, 2015
- Project Start Date:** July 1, 2015
- Funding Period:** July 1, 2015 – June 30, 2020

The SC Campaign is interested in partnering with agencies in up to three counties (target counties: Aiken, Anderson, Orangeburg) over the next 5-years to facilitate the implementation of evidence-based teen pregnancy prevention programs to scale in at least three different settings in each community. The proposed structure of this partnership includes the **SC Campaign** as the lead agency that will provide grant management from the state level and oversight of grant deliverables, a **local Lead Agency** in each county that will provide leadership and guidance in implementing grant deliverable within the county, and a variety of **local Implementation Partners** from three different settings that will provide sequential, complimentary, evidence-based teen pregnancy prevention programs to youth ages 11-19.

**Responsibilities of the SC Campaign:** As the funded organization, the SC Campaign will be held responsible for completing the various tasks to support the project in participating counties:

- Identify and partner with a local lead agency that is respected for its work within the county and has strong relationships with schools and non-profits that provide services to adolescents.
- Provide capacity building (training and technical assistance) to the lead agency and implementation partners to ensure quality teen pregnancy prevention programs are implemented with fidelity in at least three settings (e.g. schools, clinics, after school/community based programs, etc.) All capacity building efforts provided at no cost to local communities.
- Assign a .5 FTE staff person to be responsible for managing partnerships, executing grant deliverables and providing capacity building assistance in each community.
- Manage distribution of grant funds to lead agency and to implementation partners detailed in MOUs and ensure all applicable federal rules and guidelines are used in the disbursement of funds and expenditure of funds at the local level;
- Contract with the University of South Carolina's Rural Health Research Center to manage evaluation requirements including the collection of grant required performance measurement data and implementation and outcome measures;
- Engage in strategic dissemination and communication activities with the lead agency, community advisory groups and implementation partners to raise awareness of the program with youth, their families, and key stakeholders;
- Serve as liaison and primary contact with the Office of Adolescent Health related to all grant communication and reporting.



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PREVENT  
TEEN  
PREGNANCY

**Responsibilities of Lead Community Agency:** In each participating county, a lead community agency will be identified to support the initiative in the community. This agency will be held responsible for:

- Identifying and employing staff that will work closely with the SC Campaign to ensure grant deliverables are completed at the community level;
- Ensure a Community Advisory Group and Youth Leadership Team are established (can be existing groups) that will provide guidance and support for the project;
- Facilitate meetings and partnerships with local participating organizations;
- Support strategic communications and marketing plan for the county;
- Engage local community agencies such as hospitals, colleges and community-based organizations (particularly those who provide services to vulnerable adolescent populations such as youth in foster care, GLBTQ youth, young people who have experienced abuse or violence, etc.) to support TPP efforts in the community;
- Identify and create linkages to a healthcare setting willing and able to provide timely, teen-friendly healthcare services for sexually active young people;
- Work with the SC Campaign to develop a sustainability plan to continue TPP efforts after the grant period ends.

**Responsibilities of Implementation Partners:** Organizations that choose to partner with the SC Campaign and the Lead Agency on this project will be expected to:

- CHEA* • Select and implement at least one evidence-based teen pregnancy prevention program to scale at their site(s);
- CHEA* • All facilitators of evidence-based teen pregnancy prevention programs are required to complete the appropriate curricula training and other trainings identified as appropriate prior to implementation. (All trainings provided at no cost to participants.);
- CHEA* • Implement appropriate TPP programs and best practices with fidelity to eligible youth;
- CHEA* • Distribute consent forms and monitor consent status for all eligible youth prior to implementation;
- Participate in planning meetings and continuous quality improvement (CQI) meetings throughout implementation (these meetings may be conducted via phone or in-person);
- Provide demographic characteristics of all youth participating in teen pregnancy prevention programs to include: age, grade, gender, race, ethnicity and language spoken at home;
- Report implementation fidelity and youth attendance data using an online database after completing each lesson;
- Participate in periodic observations conducted by trained external evaluators to assess quality and fidelity of implementation;
- Provide timely reports of numbers served, expenditure of funds, and any barriers to implementation that arise as requested by the granting agency and SC Campaign.
- Assist with development of an implementation study report by the end of the grant that includes student reactions to and satisfaction with programming, community reactions and partner engagement, necessary adaptations or program changes, etc.

What's next? *CHEA Advisory Board*

The SC Campaign is actively recruiting organizations within identified counties to discuss the potential for partnerships on this funding opportunity. Only counties that can commit to taking evidence-based programs to scale across three distinct settings will be eligible to participate in this project. Staff from the SC Campaign are currently working with the Lead Agency in each county to secure signed letters of support from leadership of the selected settings (i.e., superintendents of school districts, directors of community based organizations) to be included in the proposal.

## CHAPTER 32.

### **COMPREHENSIVE HEALTH EDUCATION PROGRAM**

#### **SECTION 59-32-5.** Short title.

This may be cited as the “Comprehensive Health Education Act”.

#### **SECTION 59-32-10.** Definitions.

As used in this chapter:

(1) “Comprehensive health education” means health education in a school setting that is planned and carried out with the purpose of maintaining, reinforcing, or enhancing the health, health-related skills, and health attitudes and practices of children and youth that are conducive to their good health and that promote wellness, health maintenance, and disease prevention. It includes age-appropriate, sequential instruction in health either as part of existing courses or as a special course.

(2) “Reproductive health education” means instruction in human physiology, conception, prenatal care and development, childbirth, and postnatal care, but does not include instruction concerning sexual practices outside marriage or practices unrelated to reproduction except within the context of the risk of disease. Abstinence and the risks associated with sexual activity outside of marriage must be strongly emphasized.

(3) “Family life education” means instruction intended to:

(a) develop an understanding of the physical, mental, emotional, social, economic, and psychological aspects of close personal relationships and an understanding of the physiological, psychological, and cultural foundations of human development;

(b) provide instruction that will support the development of responsible personal values and behavior and aid in establishing a strong family life for themselves in the future and emphasize the responsibilities of marriage.

(c) provide instruction as to the laws of this State relating to the sexual conduct of minors, including criminal sexual conduct.

(4) “Pregnancy prevention education” means instruction intended to:

(a) stress the importance of abstaining from sexual activity until marriage;

(b) help students develop skills to enable them to resist peer pressure and abstain from sexual activity;

(c) explain methods of contraception and the risks and benefits of each method. Abortion must not be included as a method of birth control. Instruction explaining the methods of contraception must not be included in any education program for grades kindergarten through fifth. Contraceptive information must be given in the context of future family planning.

(5) “Local school board” means the governing board of public school districts as well as those of other state-supported institutions which provide educational services to students at the elementary and secondary school level. For purposes of this chapter, programs or services provided by the Department of Health and Environmental Control in educational settings must be approved by the local school board.

(6) “Board” means the State Board of Education.

(7) “Department” means the State Department of Education.

#### **SECTION 59-32-20.** Board to provide comprehensive health education instructional unit to local school districts.

Before August 1, 1988, the board, through the department, shall select or develop an instructional unit with separate components addressing the subjects of reproductive health education, family life education, pregnancy prevention education, and sexually transmitted diseases and make the instructional unit available to local school districts. The board, through the department, also shall make available information about other programs developed by other states upon request of a local school district.

**SECTION 59-32-30.** Local school boards to implement comprehensive health education program; guidelines and restrictions.

(A) Pursuant to guidelines developed by the board, each local school board shall implement the following program of instruction:

(1) Beginning with the 1988-89 school year, for grades kindergarten through five, instruction in comprehensive health education must include the following subjects: community health, consumer health, environmental health, growth and development, nutritional health, personal health, prevention and control of diseases and disorders, safety and accident prevention, substance use and abuse, dental health, and mental and emotional health. Sexually transmitted diseases as defined in the annual Department of Health and Environmental Control List of Reportable Diseases are to be excluded from instruction on the prevention and control of diseases and disorders. At the discretion of the local board, age-appropriate instruction in reproductive health may be included.

(2) Beginning with the 1988-89 school year, for grades six through eight, instruction in comprehensive health must include the following subjects: community health, consumer health, environmental health, growth and development, nutritional health, personal health, prevention and control of diseases and disorders, safety and accident prevention, substance use and abuse, dental health, mental and emotional health, and reproductive health education. Sexually transmitted diseases are to be included as a part of instruction. At the discretion of the local board, instruction in family life education or pregnancy prevention education or both may be included, but instruction in these subjects may not include an explanation of the methods of contraception before the sixth grade.

(3) Beginning with the 1989-90 school year, at least one time during the four years of grades nine through twelve, each student shall receive instruction in comprehensive health education, including at least seven hundred fifty minutes of reproductive health education and pregnancy prevention education.

(4) The South Carolina Educational Television Commission shall work with the department in developing instructional programs and materials that may be available to the school districts. Films and other materials may be designed for the purpose of explaining bodily functions or the human reproductive process. These materials may not contain actual or simulated portrayals of sexual activities or sexual intercourse.

(5) The program of instruction provided for in this section may not include a discussion of alternate sexual lifestyles from heterosexual relationships including, but not limited to, homosexual relationships except in the context of instruction concerning sexually transmitted diseases.

(6) In grades nine through twelve, students must also be given appropriate instruction that adoption is a positive alternative.

(B) Local school boards may use the instructional unit made available by the board pursuant to Section 59-32-20, or local boards may develop or select their own instructional materials addressing the subjects of reproductive health education, family life education, and pregnancy prevention education. To assist in the selection of components and curriculum materials, each local school board shall appoint a thirteen-member local advisory committee consisting of two parents, three clergy, two health professionals, two teachers, two students, one being the president of the student body of a high school, and two other persons not employed by the local school district.

(C) The time required for health instruction for students in kindergarten through eighth grade must not be reduced below the level required during the 1986-87 school year. Health instruction for students in grades nine through twelve may be given either as part of an existing course or as a special course.

(D) No contraceptive device or contraceptive medication may be distributed in or on the school grounds of any public elementary or secondary school. No school district may contract with any contraceptive provider for their distribution in or on the school grounds. Except as to that instruction provided by this chapter relating to complications which may develop from all types of abortions, school districts may not offer programs, instruction, or activities including abortion counseling, information about abortion services, or assist in obtaining abortion, and materials containing this information must not be distributed in schools. Nothing in this section prevents school authorities from referring students to a physician for medical reasons after making reasonable efforts to notify the student's parents or legal guardians or the appropriate court, if applicable.

(E) Any course or instruction in sexually transmitted diseases must be taught within the reproductive health, family life, or pregnancy prevention education components, or it must be presented as a separate component.

(F) Instruction in pregnancy prevention education must be presented separately to male and female students.

**SECTION 59-32-40.** Staff development.

As part of their program for staff development, the department and local school boards shall provide appropriate staff development activities for educational personnel participating in the comprehensive health education program. Local school boards are encouraged to coordinate the activities with the department and institutions of higher learning.

**SECTION 59-32-50.** Notice to parents; right to have child exempted from comprehensive health education program classes.

Pursuant to policies and guidelines adopted by the local school board, public school principals shall develop a method of notifying parents of students in the relevant grades of the content of the instructional materials concerning reproductive health, family life, pregnancy prevention, and of their option to exempt their child from this instruction, and sexually transmitted diseases if instruction in the diseases is presented as a separate component. Notice must be provided sufficiently in advance of a student's enrollment in courses using these instructional materials to allow parents and legal guardians the opportunity to preview the materials and exempt their children.

A public school principal, upon receipt of a statement signed by a student's parent or legal guardian stating that participation by the student in the health education program conflicts with the family's beliefs, shall exempt that student from any portion or all of the units on reproductive health, family life, and pregnancy prevention where any conflicts occur. No student must be penalized as a result of an exemption. School districts shall use procedures to ensure that students exempted from the program by their parents or guardians are not embarrassed by the exemption.

**SECTION 59-32-60.** Department to ensure compliance; annual district report.

The department shall assure district compliance with this chapter. Each local school board shall consider the programs addressed in this chapter in developing its annual district report.

**SECTION 59-32-70.** Applicability to private schools.

The provisions of this chapter do not apply to private schools.

**SECTION 59-32-80.** Penalty for teacher's violation of or refusal to comply with chapter.

Any teacher violating the provisions of this chapter or who refuses to comply with the curriculum prescribed by the school board as provided by this chapter is subject to dismissal.

**SECTION 59-32-90.** Restrictions on use of films, pictures or diagrams.

Films, pictures, or diagrams in any comprehensive health education program in public schools must be designed solely for the purpose of explaining bodily functions or the human reproduction process and may not include actual or simulated portrayals of sexual activities or sexual intercourse.

==END==

## **Policy IHAM Health Education**

Issued 1/02

Purpose: to establish the board's adherence to state laws and regulations regarding health education.

The school district is committed to a sound, comprehensive health education program that is an integral part of each student's general education.

The district will fulfill its responsibility for meeting the health needs of children and youth through a comprehensive program of health education in grades kindergarten through 12. Comprehensive health education includes instruction that maintains, reinforces or enhances the health, health-related skills and health attitudes and practices of children and youth that are conducive to their good health.

Instruction will promote skills, practices and attitudes that promote wellness, health maintenance and disease prevention. Instruction also will include reproductive health education, pregnancy prevention education and family life education, in accordance with state law.

Comprehensive health education at all levels should encourage the development of positive self-concept, responsible personal values, responsible decision-making skills, responsible behavior and strong family relations among students and their families.

Reproductive health education means instruction in human physiology, conception, prenatal care and development, childbirth and postnatal care, but does not include instruction concerning sexual practices outside marriage or practices unrelated to reproduction except within the context of the risk of disease. Abstinence and the risks associated with sexual activity outside marriage must be strongly emphasized.

Reproductive health education information for grade four girls and grade five girls and boys will be presented in gender separated classes.

Sexually transmitted diseases are to be excluded from instruction on the prevention and control of diseases and disorders in grades kindergarten through five. Sexually transmitted diseases will be included as a part of instruction in grades six through 12.

Family life education means instruction intended to do the following.

- Develop an understanding of the physical, mental, emotional, social, economic and psychological aspects of close personal relationships, and an understanding of the physiological and cultural foundations of human development.

- Provide instruction that will support the development of responsible personal values and behavior and aid in establishing a strong family life for themselves in the future and emphasize the responsibilities of marriage.

- Provide instruction as to the laws of this state relating to the sexual conduct of minors, including criminal sexual conduct.

Pregnancy prevention education means instruction intended to do the following.

- Stress the importance of abstaining from sexual activity until marriage.

Help students develop skills to enable them to resist peer pressure and abstain from sexual activity.

Explain methods of contraception and the risks and benefits of each method. Abortion must not be included as a method of birth control. Instruction explaining the methods of contraception must not be included in any education program for grades kindergarten through fifth. Contraceptive information must be given in the context of future family planning.

Instruction in family life education and pregnancy prevention education in grades six through eight will exclude explanation of contraceptives.

Instruction in pregnancy prevention education must be presented separately to male and female students.

At least one time during the four years of grades nine through 12, each student will receive instruction in comprehensive health education, including at least 750 minutes of reproductive health education and pregnancy prevention education.

The program of instruction may not include a discussion of alternate sexual life-styles from heterosexual relationships except in the context of instruction concerning sexually transmitted diseases.

In grades nine through 12, students must also be given appropriate instruction that adoption is a positive alternative.

No contraceptive device or contraceptive medication may be distributed in or on the school grounds of any public elementary or secondary schools.

Schools may not offer programs, instruction or activities including abortion counseling, information about abortion services or assist in obtaining abortion materials. No abortion information may be distributed in schools. School authorities are not prevented from referring students to a physician for medical reasons after making reasonable efforts to notify the student's parents/legal guardians or the appropriate court, if applicable.

Films, pictures or diagrams in any comprehensive health education program in the schools must be designed solely for the purpose of explaining bodily functions or the human reproduction process and may not include actual or simulated portrayals of sexual activities or sexual intercourse.

The administration will develop a method whereby principals notify parents of students in the relevant grades of the content of the instructional materials concerning reproductive health, family life, sexually transmitted diseases and pregnancy prevention. The notice will inform parents of their option to exempt their child from this instruction.

Teachers who provide instruction in family life and sexuality education will have professional preparation in the subject area, both at the pre-service and in-service level.

Teachers who provide instruction in accordance with the Comprehensive Health Education Act of South Carolina and who use the board approved curriculum will be deemed to be in compliance with this policy and with the provisions of law.

Teaching about drugs, alcohol and tobacco



All schools in the district will teach the nature of alcohol and narcotics and their effects upon the human system. Schools should help students develop an awareness of the consequences of the use and abuse of alcoholic drinks and drugs. Instruction will emphasize problems related to their use, pharmacological aspects, physiological effects and the impact upon the total community. Schools will present drug education as thoroughly, and in the same manner, if practicable, as all other required subjects.

### HIV/AIDS Education

The district will teach students about the life-threatening dangers of acquired immunodeficiency syndrome (AIDS) and its prevention. The district will develop an AIDS prevention education program in consultation with teachers, administrators, parents and other community members including, but not limited to, persons from medical, public health and mental health organizations and agencies. The curriculum for AIDS prevention education will be designed to teach students which behaviors place a person dangerously at risk of infection by the human immunodeficiency virus (HIV) and methods to avoid such risk including the following.

- the dangers of drug abuse, especially involving the use of hypodermic needles
- the dangers of sexual intercourse

The program of AIDS prevention education will stress the life-threatening dangers of contracting AIDS and will stress that abstinence from sexual activity is the only certain means for the prevention of the spread or contraction of the AIDS virus through sexual contact.

Adopted 11/19/71; Revised 8/14/73, 12/14/82, 4/25/89, 1/8/02

Legal references:

S.C. Code, 1976, as amended:

Sections 59-20-20, 59-20-30, 59-20-40 - Instruction required regarding the effects of alcohol and narcotics.

Section 59-32-10 et seq. - Comprehensive Health Education Act.

State Board of Education Regulations:

R-43-231, 43-232, 43-234 - Basic program.

**The School District of Aiken County**