

**REPORT OF THE
DEPARTMENT OF EDUCATION ON**

**Current HIV/AIDS
Prevention Programs
in the Public
Schools of Virginia**

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**



HOUSE DOCUMENT NO. 22

**COMMONWEALTH OF VIRGINIA
RICHMOND
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PREFACE

This study of HIV/AIDS prevention education in the public schools was conducted by the Department of Education in response to House Joint Resolution (HJR) No. 437 (1991 session). It was conducted in conjunction with a study by the Department of Education in response to HJR No. 343 (1991 session) on comprehensive health education. Please see the Department of Education's response to HJR No. 343 for additional related information.

The study was conducted during the spring and summer of 1991 by a team of Department of Education staff members under the leadership of Dr. Helen R. Stiff, Division Chief, Pre and Early Adolescent Student Services. The members of the team were:

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**A Report on Current HIV/AIDS Prevention Programs
in the Public Schools of Virginia**

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EXECUTIVE SUMMARY

This study was conducted during the spring and summer of 1991 in response to House Joint Resolution (HJR) 437 (1991 session). The resolution requested that the Department of Education study HIV/AIDS prevention education programs and suggest revised approaches to more realistically reflect current issues related to HIV infection and other sexually transmitted diseases. This study was conducted in conjunction with the study required by HJR 343 (1991) on comprehensive health education. Please see the response to HJR 343 for additional related information.

Objectives of the Study

- ◆ evaluate the AIDS education programs as implemented by local school divisions to assess (a) compliance with any relevant guidelines and standards of learning objectives, and (b) the effectiveness of such programs;
- ◆ develop a plan to encourage revision of local approaches for those divisions not aggressively complying with appropriate guidelines for AIDS education programs in elementary and secondary schools;
- ◆ prepare a report presenting the research resulting from this study, the recommendations of the team, and the implications of the recommendations.

Sources of Information

- ◆ review of health curriculum documents from Virginia school divisions;
- ◆ survey of Virginia school divisions, and
- ◆ analysis of the need to coordinate efforts with other agencies and organizations.

Findings of the Study

- ◆ Thirty-six school divisions (30%) judged the effectiveness of their HIV/AIDS prevention education programs to be in need of improvement or ineffective.
- ◆ HIV/AIDS prevention education is taught primarily by regular classroom teachers in elementary schools and by health and physical education specialists in middle and high schools. In general, even health and physical education specialists have had little training on the topic and most elementary teachers have had no formal training on the topic. Virginia school divisions reported that 1,055 (44%) of their HIV/AIDS teachers needed additional training. Divisions' training needs are greatest for HIV/AIDS and a few other specialized topics in health.
- ◆ To date, 130 of 135 school divisions have adopted local guidelines for school attendance for children with HIV.
- ◆ Ninety of 118 school divisions reported that they had a local curriculum for HIV/AIDS instruction.

- ◆ Seventy percent of Virginia school divisions reported that their HIV/AIDS prevention instruction is entirely within their Family Life Education program. More than 90 percent of students in grades 7-10 received instruction in HIV/AIDS prevention, whereas only about 50 percent of students in grades 11-12 received such instruction.

Recommendations

- ◆ The Department of Education should review school divisions' policies for school attendance of students who are HIV infected; advise school divisions of recommendations for strengthening their policy statements.
- ◆ The Department of Education should work with colleges and universities to promote the incorporation of HIV/ AIDS education in all preservice teacher preparation programs, K-12.
- ◆ The Department of Education should design and implement a plan for evaluating the long-term effectiveness of its HIV/AIDS prevention education program.
- ◆ The Department of Education should conduct a student health-risk behavior survey for middle and high school students on a regular basis. The survey findings should be used for making modifications in the Comprehensive School Health Education Programs.
- ◆ The Board of Education and Department of Education should commit to the incorporation of HIV/AIDS prevention education into Comprehensive School Health Programs in the public schools of Virginia, emphasizing the need for increased educational efforts aimed at 11th - 12th grade students and the infusion of prevention education into many curriculum areas. Further, that the Department should communicate this commitment to Virginia school divisions.
- ◆ The Department of Education should increase personnel and fiscal commitments to provide on-going training to staff to school divisions on HIV/AIDS education and related topics. Recommended for funding in the 1994-96 biennium.
- ◆ The Department of Education should incorporate HIV/AIDS prevention education into all substance prevention education curricula and teacher training workshops.

I. INTRODUCTION

This study was conducted by the Department of Education during the spring and summer of 1991 in response to House Joint Resolution (HJR) 437 (1991 session). It addresses questions and requests included in HJR 437. The objectives of the study were to:

- ◆ evaluate the AIDS education programs as implemented by local school divisions to assess (a) compliance with any relevant guidelines and standards of learning objectives, and (b) the effectiveness of such programs;
- ◆ develop a plan to encourage revision of local approaches for those divisions not aggressively complying with appropriate guidelines for AIDS education programs in elementary and secondary schools;
- ◆ prepare a report presenting the research resulting from this study, the recommendations of the project team, and the implications of the recommendations.

The study was conducted in conjunction with a study required by HJR 343 (1991) on comprehensive health education. It was multi-faceted in approach, information being obtained from several sources using a variety of techniques, including:

- ◆ reviewing health curriculum documents from a sample of school divisions in Virginia and departments of education of other states;
- ◆ surveying school divisions in Virginia; and
- ◆ analyzing the need to coordinate efforts with other agencies and organizations having related goals.

II. STATUS OF PUBLIC SCHOOL HIV/AIDS PREVENTION EDUCATION

School HIV/AIDS prevention programs in Virginia were studied in conjunction with a study of school health programs requested by HJR 343 (1991). The study involved an analysis of state policies and guidelines and a survey of all school divisions in Virginia.

The Department of Education receives funding from the Centers for Disease Control (CDC), through annual cooperative agreements, to provide educational services to prevent the spread of HIV and address other important health problems. The Department is receiving funds for the fourth year of a five-year CDC commitment to state education agencies.

The program funded by CDC has four primary objectives, each involving several activities. The objectives are:

- ◆ to increase the number and percentage of schools providing effective HIV/AIDS education;
- ◆ increase the number of students receiving HIV/AIDS education;
- ◆ increase the number of schools that offer HIV/AIDS education within a comprehensive health education program; and
- ◆ increase the HIV prevention education programs for high-risk, minority, and out-of-school youth, and youth who have special education needs.

To achieve these objectives, the Department of Education is working with school divisions and teacher training institutions to provide the consultative and training services needed for delivering high quality programs to students. A description of services being provided in FY91 (August 1, 1991, to July 31, 1992) is contained in Appendix B.

On October 25, 1989, the Board of Education adopted the Model Guidelines for School Attendance for Children With Human Immunodeficiency Virus. Copies of these guidelines were mailed to superintendents in November 1989. To date, 130 of 135 school divisions have submitted to the Department of Education their locally-developed guidelines for review, as requested.

On the survey of school divisions (see Appendix A), it was reported for 1990-91 that more than 90 percent of schools in Virginia provided HIV/AIDS prevention education to students in grades 7-10. For grades 11-12, only about 50 percent of the schools were providing HIV/AIDS prevention education. Presumably, the smaller percentage for grades 11-12 is due to the fact that most students are not taking health in those grades and, therefore, it is more difficult to provide HIV/AIDS prevention education. More than 90 percent of the students in grades 7-10 were reported to have received HIV/AIDS prevention education during 1990-91, whereas, only about 50 percent of the students in grades 11-12 received such instruction. Of 117 divisions reporting, 101 indicated that they had provided HIV/AIDS prevention education to all students at appropriate age/grade levels.

Ninety of 118 divisions reported that they had a local curriculum for HIV/AIDS instruction. Approximately 70 percent of the divisions reported that their HIV/AIDS instruction was contained entirely within the Family Life Education program.

School divisions were asked to rate the effectiveness of their HIV/AIDS prevention education programs. Their responses indicated that a high percentage (86 divisions or about 70%) considered their programs to be effective or very

effective; however, 36 divisions (about 30%) have programs that they judged to be ineffective or in need of improvement. Additionally, school divisions reported that 1,055 (about 44%) of their HIV/AIDS instructors needed additional training.

III. COORDINATION WITH OTHER INITIATIVES

Department of Education Initiatives

There are several initiatives underway in the Department of Education which could have a significant impact on the course of education, including the course of HIV/AIDS prevention education, in Virginia. Those most related to this study of HIV/AIDS prevention education are the Common Core of Learning (CCL) and World Class Education. It is believed that the recommendations resulting from this study are highly consistent with and supportive of the current thinking of the team working on the CCL. Although the team's ideas are still fluid, it appears that the recommendations from this study will fit easily into most of the domains conceptualized in CCL. As an example, the elements in the domain Personal Management and Well-being are (1) self awareness, (2) attitudes, values, and dispositions, (3) healthy choices, and (4) personal planning and goals. Each of these elements has a direct relationship to major goals of HIV/AIDS prevention education, as a component of a comprehensive school health program. Additionally, it appears that the objectives of HIV/AIDS prevention education would adapt readily to the interdisciplinary approach to instruction that is anticipated in the CCL.

The World Class Education (WCE) initiative has tentative plans for a pilot project during the 1992-94 school year. Efforts to develop a more effective HIV/AIDS prevention education program, as part of a comprehensive school health program, could be integrated with the WCE pilot project.

Non-Department of Education Initiatives

Subcommittee Studying Means of Reducing Preventable Death and Disability in the Commonwealth. This study is consistent with several national studies, including findings of a linkage between smoking and fatal and disabling diseases, and the *Healthy People, Promoting Health*, and *The Year 2000* document. The study documents Virginia's efforts HIV/AIDS-related disease control measures, among several other prevention activities. This study contained twenty-two conclusions and recommendations. At least fourteen references to issues that have an identifiable impact on a comprehensive school health program and support the design of a comprehensive health curriculum.

The various recommendations in the report make reference to the need for healthy lifestyles, a Behavioral Risk Factor Surveillance System, worksite wellness programs, worksite health promotion programs, the Minority Health Advisory Committee to address health promotion, and several other health issues.

Virginia Council on Coordinating Prevention. The Council on Coordinating Prevention was established by the General Assembly of Virginia in 1987 to "provide leadership and articulate a broad prevention agenda for the Commonwealth." The 1990-92 Comprehensive Prevention Plan for Virginia, produced by the Council, sets forth a number of goals and objectives with direct implications for reducing the incidence of HIV infection, as well as several other areas related to HIV/AIDS prevention education.

Health Promotion and Education Council. This Council includes public and private organizations working to improve health and the quality of life for people in Virginia.

HIV/AIDS Task Force. The HIV/AIDS Task Force was created by the Virginia Secretary of Health and Human Services to develop a plan for prevention of HIV infection and the care of infected persons for the period 1991-2000.

Governor's Council on Alcohol and Drug Abuse Problems and Governor's Youth Council on Alcohol and Drug Abuse Problems. These Councils advise on policies and goals and develop plans for strengthening substance abuse prevention activities, a major cause of HIV infection.

IV. RECOMMENDATIONS AND IMPLICATIONS

Recommendations

Following are recommendations related to the further development and improvement of HIV/AIDS prevention education programs in the public schools of Virginia. These recommendations have a direct relationship to several of the recommendations made in response to HJR 343 (1991) on the topic comprehensive health education. The recommendations are based on program findings from Virginia and the national perspective and have been rank ordered from highest priority to lowest priority on the basis of the assessment of importance.

1. The Department of Education should review school divisions' policies for school attendance of students who are HIV infected; advise school divisions of recommendations for strengthening their policy statements.
2. The Department of Education should work with colleges and universities to promote the incorporation of HIV/ AIDS education in all preservice teacher preparation programs, K-12.
3. The Department of Education should design and implement a plan for evaluating the long-term effectiveness of its HIV/AIDS prevention education program.

4. The Department of Education should conduct a student health-risk behavior survey for middle and high school students on a regular basis. The survey findings should be used for making modifications in the Comprehensive School Health Education Programs.
5. The Board of Education and Department of Education should commit to the incorporation of HIV/AIDS prevention education into Comprehensive School Health Programs in the public schools of Virginia, emphasizing the need for increased educational efforts aimed at 11th - 12th grade students and the infusion of prevention education into many curriculum areas. Further, that the Department should communicate this commitment to Virginia school divisions.
6. The Department of Education should increase personnel and fiscal commitments to provide on-going training to staff to school divisions on HIV/AIDS education and related topics. Recommended for funding in the 1994-96 biennium.
7. The Department of Education should incorporate HIV/AIDS prevention education into all substance prevention education curricula and teacher training workshops.

Health Issues for Further Study to Strengthen HIV/AIDS Education and Interagency Collaboration

At the discretion of the Board, the Department of Education will study the following in preparation for presentation to the Board:

- ◆ work with school divisions to develop a model program for parent and community involvement in HIV/AIDS prevention education,
- ◆ work with juvenile centers and other organizations serving high-risk youths to provide HIV/AIDS prevention education

At the discretion of the Board, the Department will strive to coordinate strategies with other state agencies and private organizations concerned with the prevention of HIV/AIDS.

Implications

General Assembly. The support is of the General Assembly important for the integration of HIV/AIDS into a comprehensive health program.

Board of Education. The Board recognizes the need for a comprehensive approach to health, including HIV/AIDS prevention, in the public schools and inclusion of funding for the program in its budget proposals. Additionally, the Board will provide support and guidance in the development of the program.

Department of Education. The Department must support the comprehensive school health program, both philosophically and financially. Additionally, the Department must provide staffing for technical assistance, and for related activities. Finally, the Department must increase its support of several interagency initiatives, especially the Council on Coordinating Prevention, and aggressively pursue cooperative efforts with other agencies and private organizations where they are working toward common goals.

APPENDICES

Appendix A
INFORMATION ON HIV/AIDS EDUCATION
FOR THE CENTERS FOR DISEASE CONTROL (CDC) AND HJR 437

DIRECTIONS: Part II of the survey requests information about HIV/AIDS prevention education in your school division for the current academic year (1990-91). For the first six items, include schools teaching students in grades 7-12 in the data for each of those grades. The information you provide will enable us to meet our reporting obligation to CDC and complete the study required by HJR 437.

DEFINITION: HIV or human immunodeficiency virus is the virus that causes AIDS.

	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
1. How many of your schools have the following grades?	<u>374</u>	<u>310</u>	<u>280</u>	<u>267</u>	<u>256</u>	<u>277</u>
2. How many schools provided HIV prevention education in the following grades?	<u>338</u>	<u>294</u>	<u>264</u>	<u>261</u>	<u>135</u>	<u>130</u>
3. How many schools provided comprehensive health education in the following grades?	<u>292</u>	<u>250</u>	<u>230</u>	<u>217</u>	<u>48</u>	<u>48</u>
4. How many schools integrated HIV prevention into comprehensive health education in the following grades?	<u>286</u>	<u>232</u>	<u>215</u>	<u>207</u>	<u>42</u>	<u>42</u>
5. How many students were enrolled in each of the following grades this year?	<u>70,175</u>	<u>69,182</u>	<u>71,614</u>	<u>63,914</u>	<u>53,007</u>	<u>52,039</u>
6. How many students in each grade received HIV prevention education this year?	<u>61,330</u>	<u>67,038</u>	<u>64,352</u>	<u>62,474</u>	<u>29,096</u>	<u>23,944</u>
7. During 1990-91, was HIV/AIDS prevention instruction provided to all students at appropriate age/grade levels? Yes <u>101</u> No <u>16</u> . If "no," of those students for whom it was appropriate, approximately what percent received instruction? <u>12 DIVISIONS - MEAN 80%, MEDIAN 96%</u>						
8. Do you have a local curriculum for your HIV/AIDS prevention education program? Yes <u>90</u> No <u>28</u> Is it <i>entirely</i> within your Family Life Education program? Yes <u>77</u> No <u>32</u>						
9. How many staff members teach HIV/AIDS prevention? <u>2,392</u> How many of these staff members need additional training in HIV/AIDS instruction? <u>1,055 (44%)</u>						
10. Rate the overall effectiveness of your HIV/AIDS prevention education program.						
<u>14</u> Very effective	<u>34</u> Needs improvement					
<u>72</u> Effective	<u>2</u> Ineffective					

Please return this survey by June 28, 1991, to
 Mrs. Fran Anthony Meyer
 Virginia Department of Education
 P. O. Box 6-Q
 Richmond, Virginia 23216

AGAIN, THANK YOU FOR YOUR ASSISTANCE!

Appendix B

Department of Education HIV/AIDS Activities FY91 (August 1, 1991, to July 31, 1992)

The Department of Education receives funding through a cooperative agreement with the Centers for Disease Control (CDC) to develop school health education programs for preventing the spread of HIV infection and other important health problems. At present, the Department has one full-time staff person serving as a project team coordinator for the HIV/AIDS prevention education projects and programs. The CDC has approved additional funding, during fiscal year (FY) 1991, to contract for a full-time health education coordinator, a short-term health education consultant, a health consultant who is a specialist on youth with disabilities, and a support staff person. Each person will work with teams involved with HIV/AIDS projects and programs.

Within the FY91 cooperative agreement with the CDC, the Department of Education has agreed to implement the activities listed below:

Youth Risk Behavior Survey -- The Department will develop a survey instrument for middle school youth that is complementary to the national Youth Risk Behavior Survey for secondary students. During the spring of 1992, the first statewide youth risk behavior survey of middle school and high school students will be conducted. The results of the survey will help in developing priorities for curricula and program development and for inservice training.

Assessing School Health Programs, Including HIV/AIDS Prevention Education -- As a requirement for obtaining CDC funding, the Department will conduct a biennial school survey on school health programs (including HIV/AIDS prevention education).

HIV/AIDS Prevention Education Curriculum Guide -- By January 1992, the K-12 curriculum guide will be mailed to local school divisions. Upon request, the guide will also be available to independent and private schools and other youth-serving agencies and organizations.

Family Life Education: Special Education Curriculum Guide -- During May/June 1991, three copies of the Family Life Education: Special Education Curriculum Guide were mailed to each school division. A consultant will provide inservice training to school divisions about the use of the curriculum guide.

Revise the Comprehensive Health Education Instructional Curriculum -- The Department will develop a plan for enhancing health education instruction K-12. Objectives in the Health Standards of Learning (SOLs), the Family Life Education SOLs, the substance abuse prevention curriculum guide, and the HIV/AIDS

prevention education curriculum guide will be incorporated into one comprehensive program, rather than the multiple programs now existing.

Review Local School Division policies for HIV infected students -- An in-house team will review the school divisions' policies for School Attendance of Students Who Are HIV Infected.

Revise the HIV/AIDS Resource Guide -- A resource review panel will be reinstated to preview audio visual materials, pamphlets, brochures, etc. on HIV/AIDS prevention education topics. The panel will make recommendations regarding the inclusion of materials in the HIV/AIDS Resource Guide. The guide will be mailed to school divisions during the spring of 1992.

Parent Education Program -- The HIV/AIDS Project Team and the Youth Risk Prevention Project Team will collaborate on the development of a parent education program that will include learning activities and a training component. The program will focus on strategies for reducing *many* health risk behaviors. Also, a consultant will develop model programs for parent education about HIV/AIDS for students with disabilities.

Across-the-Curricula Learning Packets -- The HIV/AIDS Project Team and the Youth Risk Prevention Project Team will collaborate on the development of learning packets that will infuse drug prevention education and HIV/AIDS prevention education into many areas of the school curricula.

Purchasing of Video Materials -- The HIV/AIDS Project Team and the Early Childhood Special Education Project Team will provide videotapes on universal precautions to the five Technical Assistance Centers serving professionals working with students with disabilities.

Mentoring Programs -- The HIV/AIDS Project Team and the Drop-out Prevention Project Team will work cooperatively to develop and implement several pilot mentoring programs targeting high-risk youth. The program will address helping youth to reduce health-risk behaviors (that may lead to HIV infection), to make healthy lifestyle choices, and to enhance independent living skills.

Nine Comprehensive Health Education Teacher-Training Centers -- During FY90 and FY91, nine colleges and universities are funded to provide HIV/AIDS inservice training to teachers and administrators in local school divisions. The funded institutions are George Mason University, James Madison University, Longwood College, Norfolk State University, Old Dominion University, Radford University, Virginia Commonwealth University, Virginia Polytechnic Institute & State University, and Virginia State University.

Inservice Training for Teachers and Administrators Working with Students with Disabilities -- A consultant will provide inservice training on strategies for using the

new Family Life Education: Special Education Curriculum Guide.

Training-of-Trainers Workshops for Those Working with Students with Disabilities -- The Department will collaborate with the Association for the Advancement of Health Education (AAHE) and The Council for Exceptional Children (CEC) to develop and implement two two-day training workshops on the team approach to teaching students with disabilities about HIV/AIDS and other important health problems.

Training-of-Trainers Working with High-Risk, Out-of-School, Minority, and Other Youth with Special Needs -- The Department will collaborate with the National Network of Runaway and Youth Services to develop and implement three two-day training sessions for persons serving youth who may be in high-risk situations for HIV infection.

Technical Assistance to School Divisions -- Upon request, the Department of Education will provide specific HIV/AIDS prevention education inservice training to school divisions.

Virginia Independent Schools -- Upon request, the Department of Education will provide technical assistance to independent and private schools who wish to develop HIV/AIDS prevention education programs.

A Fall Administrator's Conference -- Funding will allow approximately 300-400 administrators to gain information about the components of a comprehensive school health program, the importance of developing a comprehensive school health program, the importance of offering a quality HIV/AIDS prevention education program within comprehensive health education instruction, and the purpose of the Youth Risk Behavior Surveillance System.

The Blue Ridge School Health Conference -- The Department will continue using this conference as a vehicle for disseminating health information and resources to school personnel and for helping schools develop action plans for developing and enhancing school-site health programs for students and faculty. Workshops and available resources on HIV/AIDS and other sexually transmitted diseases prevention education will be offered during this conference.

Workshops at Other State Conferences -- The Department of Education will, upon request, provide workshops to teachers and parents at regional and statewide conferences and meetings (including the PTA Conference, the Youth Alcohol and Drug Prevention Project Conference, the English as a Second Language Conference, and teachers from alternative schools).

Educational Programs for Youth in Foster Care Settings -- The Department of Education and the Department of Social Services will develop educational programs for youth in foster care settings.

Department of Education and the American Red Cross Collaboration -- The VA HIV/AIDS Network - These organizations will collaborate to: (1) develop HIV/AIDS training workshops for sponsors of Peer programs for high risk youth in out-of-school settings; (2) upon request, offer specific HIV/AIDS workshops to school divisions; (3) collaborate on the implementation of the Afro-American and Hispanic Programs on HIV/AIDS prevention education; (4) and, offer resource workshops at the Blue Ridge School Health Conference.

Department of Education and the Male Educational Network, Inc. (MEN) Collaboration -- The Department of Education is a charter agency with the MEN, Inc. and will continue supporting the organization's goals to work with approximately 30 other state and regional agencies and organizations to implement statewide conferences, training sessions, and programs about male responsibility issues.

Mini-Grants to Five Regional Coalitions for Youth Advocates -- The Department of Education is collaborating with representatives from the Virginia Department of Health; the Department of Social Services; the Department of Youth and Family Services; the Department of Mental Health, Mental Retardation, and Substance Abuse Services; and the American Red Cross--The Virginia HIV/AIDS Network to organize and offer technical assistance to regional coalitions for youth advocates. The Department provides seed money to each coalition for implementing community educational programs about HIV/AIDS prevention education. The education is targeted to youth who may be at high-risk for HIV infection or other health problems. The programs will be implemented in a variety of settings: e.g., youth shelters, detention centers, churches, schools--after school hours, youth hangouts, and malls.

Mini-grants to Public Schools -- Money is available to schools who wish to implement specific HIV/AIDS prevention education projects within the school or school division (e.g., a World AIDS Day Project or assembly program).

HOUSE JOINT RESOLUTION NO. 437

Offered January 22, 1991

Requesting the Board of Education to strive aggressively to increase the adequacy of AIDS education in the Commonwealth's elementary and secondary schools.

Patrons—Glasscock, Harris, E.R., Munford, Van Landingham and Wilkins; Senators: Chichester, Miller, Y.B., DuVal and Nolen

Referred to the Committee on Education

WHEREAS, the characteristics of the AIDS patient population is changing as the epidemic moves into the heterosexual population; and

WHEREAS, the proportion of this population comprised by minorities, women, adolescents and children continues to increase; and

WHEREAS, the Commonwealth has a duty to inform its young people about the methods of transmission and prevention of transmission of infection with human immunodeficiency viruses; and

WHEREAS, it is essential to begin to educate children at young ages about the dangers of this disease and other sexually transmitted diseases; and

WHEREAS, if education is initiated during adolescence, the message may be too late; and

WHEREAS, although the Department of Education has initiated efforts to train teachers, administrators, and students concerning infection with human immunodeficiency viruses, there are still many areas of the Commonwealth in which little, if any, instruction is available; and

WHEREAS, the law and guidelines require instruction concerning the etiology, effects, and prevention of sexually transmitted diseases including human immunodeficiency viruses; and

WHEREAS, the health education program and other curricula, such as home economics, biology and science classes, are already in place and can be continued within present funding parameters; and

WHEREAS, the attitudes and understanding of this epidemic must be adjusted in order to safeguard Virginia's youth; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Board of Education is hereby requested to strive aggressively to increase the adequacy of AIDS education in the Commonwealth's elementary and secondary schools. The Board is also requested to evaluate the AIDS education programs as implemented by the local school divisions to assess (i) the compliance with any relevant guidelines and standards of learning objectives and (ii) the effectiveness of such programs. Those school divisions which are not aggressively complying with any such guidelines shall be encouraged to revise their approaches to more realistically reflect current issues related to HIV infection and other sexually transmitted diseases.

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