

AIDS FUNDING COLLABORATIVE

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Good afternoon Chairman Williams and members of the House Education Committee. My name is Laureen Tews Harbert and I am the director of the AIDS Funding Collaboration (AFC) in Cleveland. I appreciate the opportunity to testify in support of HB 316, the Act for Our Children's Future.

The AIDS Funding Collaborative (AFC) is a partnership of eight public and private funders focused since 1994 on strengthening the community's response to HIV/AIDS by providing coordination, leadership, and funding in Greater Cleveland. Our funding partners include Cuyahoga County Board of County Commissioners, the City of Cleveland, the Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County, four local foundations, and the United Way of Greater Cleveland.

The AFC supports access to comprehensive sexuality education. Since 2007, the AFC has funded and managed the independent evaluation of the K through 12 comprehensive sexuality education initiative within the Cleveland Metropolitan School District (CMSD). As one of the very few K-12 comprehensive sexuality education programs in the country, our evaluation data provides important information to inform policy decisions this Committee is considering.

CMSD's K-12 Responsible Sexual Behavior (RSB) Initiative was launched in the fall of 2006. It aims to provide comprehensive, age-appropriate sexuality education to all students within the school district from kindergarten through 12th grade. A committee of public health officials, educators, researchers, and other community experts selected four evidence-based, age-appropriate curricula for this initiative. Modified versions of these curricula are taught to students by a combination of trained physical education and health teachers and educators from local community agencies.

I will provide a brief overview of the of impact of this program from the evaluation conducted during the 2007-2008 school year, and some preliminary results from the 2008-2009 school year. The final results for 2008-2009 should be released within a month or two. The briefing papers attached to my testimony provide more extensive details.

The evaluation was conducted by Philliber Research Associates, a nationally recognized research firm. They developed the evaluation plan in consultation with local stakeholders to assess implementation, student outcomes, and key stakeholder reactions to the initiative. The student outcomes we examined were changes in knowledge, attitudes, skills, and behavioral intent. It is important to understand that the K-12 programming is directed to long-term change, and so STD and HIV surveillance data and data from the Youth Risk Behavior Survey (YRBS) will be used as sources of information regarding trends in students' sexual behavior over time.

Data collection included: open ended questions and pre- and post-tests of the students who received the programming and those who didn't; classroom observations; surveys of parents and classroom teachers; surveys and focus groups with facilitators who delivered the curricula; and interviews with key stakeholders.

Here are some key findings from the 2007-2008 school year:

- Students who received programming showed positive results, and their improvement across knowledge, attitudes, skills and behavioral intent was statistically significant compared with students who hadn't received the programming. This is true for the 2008-2009 school year as well;
- Knowledge gains were significant in all grades for both years of the evaluation;
- Students in grades 1-3 reported learning about:
 - "Good touch/bad touch"
 - Not letting anyone touch their "private parts"
 - Not trusting or talking to strangers;
 - Respect for self and others;
 - Following rules/laws;
 - Feelings and emotions;
 - Differences within families.
- High school students after receiving the programming said they were significantly less likely to:
 - Have sex if they didn't want to;
 - Have sex if a partner refused to use a condom;...and were significantly more likely to say that:
 - Not causing pregnancy is important to them;
- In the 2008-2009 evaluation, high school students were as likely to name abstinence as they were to name safer sex as the most important lesson learned;
- Parents overwhelmingly support the initiative:
 - Many parents (70% with students in kindergarten through 6th grade, and 91% with students in 7th through 12th grade) report having follow-up conversations with their children because of something they learned at school;
 - 94% of parents with students in kindergarten through grade 6 and 97% of those with students in grades 7 through 12 believe it's very or somewhat important for school to provide sexuality education;
- Classroom teachers gave universally high marks to the initiative:
 - 100% agreed or strongly agreed the curriculum is appropriate and useful;
 - 100% agreed or strongly agreed that it was well-worth the class time it took.

HB 316, the Act for Our Children's Future will require that, *if* a school district offers any sexual health education programming, *then* it must be comprehensive, age-appropriate, medically-accurate, and abstinence-inclusive. Our experience in Cleveland indicates these programs have a positive impact on students and are supported by a broad range of community stakeholders. I urge you to support HB 316. Thank you for your time. I would be happy to answer any questions you might have.