The State Department of Education's

CONNECTICUT HEALTH EDUCATION EXCHANGE

Volume II A newsletter about health education issues, especially HIV/STD and teen pregnancy prevention **Spring 2000**

The Connecticut Health Education Exchange

Welcome to the second edition of the Connecticut Health Education Exchange. This semi-annual newsletter is intended to inform educators and other youth servicing professionals of local, state and national efforts related to coordinated school health education programs, especially HIV/STD (sexually transmitted diseases) and pregnancy prevention.

This newsletter is produced by the State Department of Education in collaboration with the Department of Public Health and made possible through funding from cooperative agreement number U87/CCU108966-08 from the Centers for Disease Control, Division of Adolescent and School Health.

This newsletter is reviewed and approved by the SDE and Department of Public Health Materials Review Committee HIV/STD Task Force.

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"**He who asks a question may be a fool for five minutes, but he who never asks a question remains a fool forever.**"

Tom J. Connelly

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The Coordinated Health Education Cadre of Trainers

The State Department of Education and the Department of Public Health, in collaboration with local school districts and community-based organizations, have developed a Coordinated Health Education Cadre of Trainers (CHEC). The purpose of CHEC is to provide quality, interactive, skills-based professional development workshops that promote health-enhancing behaviors in youth. The current focus is in HIV/STD prevention.

The goals of the Cadre are to:

- Provide current HIV/STD information and skills as well as identify resources for staying current with trends and information.
- Increase comfort level around teaching issues related to HIV/STD.
- Model age-appropriate activities utilizing a variety of teaching styles that target HIV/STD prevention, including negotiating abstinence, as well as reducing the risk for those choosing to be sexually active.

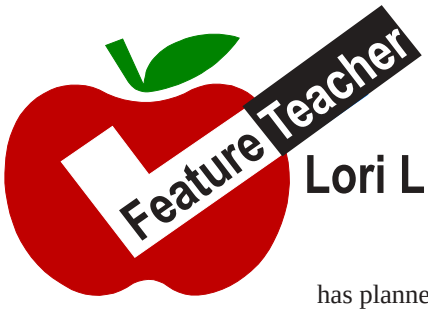
All school districts will receive a brochure about CHEC. If you would like more information, or to schedule a workshop, please contact Bonnie Edmondson at 860-566-6980.

Connecticut Health Education Exchange

Bonnie J. Edmondson, HIV Project Coordinator
Connecticut State Department of Education,
Division of School Improvement
Bureau of School, Family, Community Partnerships
P.O. Box 2219, Hartford, CT 06145
Phone: 860-566-6980 FAX: 860-566-2957
E-mail: bonnie.edmondson@po.state.ct.us

To Receive the Newsletter:
To put yourself or anyone else on the mailing list, please send your name, title, address, e-mail and any questions or comments to:
Maggie Meriwether, Contributing Editor

Note Maggie's New Address:
Ridgefield High School, 700 North Salem Rd., Ridgefield, CT 06877
Phone: 203-438-3785 FAX: 203-431-2891
Voice Mail: 203-431-2896, ext. 1980 E-mail: Mag8@msn.com



Lori L. Hart

The Connecticut Health Education Exchange would like to recognize and congratulate **Lori L. Hart** from the West Shore Middle School in Milford Connecticut, as the first Feature Teacher. Lori has been in the field of health education since 1989, and is currently the Health Coordinator for the Milford School System in addition to her duties teaching health to grades six through eight.

Lori is actively involved in health leadership activities such as peer mediation and has planned events including a Teen Life Conference where fifteen different groups presented real-life issues to eighth grade students. Speakers were from Planned Parenthood, the AIDS Foundation, Teenage Mothers, and the Cheshire Correctional Facility, just to name a few. She is also involved in the BEST Program and is a cooperating teacher.

Lori describes health education as "dynamic and ever changing" and loves "planning activities that make health fun." The hardest part of her job is "getting students to understand that the lifestyle choices they make now will have a definite impact on their health and well being in the future."

Thank you Lori, for helping your students make that connection each day. Way to go! Lori will receive a Connecticut Health Education Exchange "Feature Teacher" T-shirt.

Do you know an outstanding teacher in the field of health education? If you would like to nominate a fellow professional to be highlighted in our next issue, please send the following information to the contributing editor by September 15, 2000.

- *Your name, address and phone*
- *Nominee's name, address and phone*
- *A brief description of the attributes and accomplishments of this person and your reasons for nominating them.*

Let's take time to honor and recognize the high quality educators we work with each day!

Information Update

Staff at the State Department of Education, in collaboration with the Department of Public Health and other state agencies, has been meeting regularly since November to discuss implementation of the Coordinated School Health Programs (CSHP) model.

The CSHP model focuses upon promoting a healthy school environment, health education, nutrition, physical education, health services, psychological and social services, health promotion for staff and family, and community involvement.

The CSHP Committee has been working to coordinate services and programs on the state level that will assist in the implementation of this model in local school districts. An RFP funded by the Goals 2000 grant, was sent out for school districts to apply to become pilot sites for the CSHP model. Those districts will be chosen by July 1, 2000.

E-Mail Addresses Needed!

We are planning the creation of a health and HIV/STD prevention electronic network that will help us to connect to you. We will use this network to disseminate timely information about coordinated school health programs, including HIV/STD prevention.

If you are interested in participating in this FREE service, send a message to Bonnie J. Edmondson: **bonnie.edmondson@po.state.ct.us** with your e-mail address expressing your interest. We anticipate that this service will be available early in the fall.

Web Sites

Looking for a new web site relevant to Health Education? Try these:

UConn Health Center, Department of OB/GYN Family Planning Program:
www.teenpregnancyct.org

ETR Associates Pregnancy Prevention Web Site:
www.etr.org/recapp

Sexuality Information and Education Council:
www.siecus.org

HIV Worldwide Shows No Slowing in Infections, Deaths

[excerpted from Supplement to AIDS Alert, February 2000]

If there was a billboard that highlighted the number of HIV infections worldwide, it would now read 50 million infected, including 16.3 million dead.

HIV has infected a population that is nearly the size of the United Kingdom, says Peter Piot, MD, PhD, Executive Director of UNAIDS of Geneva, Switzerland. Piot presented the grim update at a special international telephone briefing held by UNAIDS and the World Health Organization (WHO) of Geneva in late November in conjunction with World AIDS Day.

An estimated 5.6 million people became infected with HIV in 1999. Of these, more than half a million were children, according to UNAIDS statistics.

On the positive side, some nations that have focused on HIV prevention strategies, such as Thailand and the Philippines, have experienced a leveling off or decline in HIV infections, Piot says.

UNAIDS has made it a top priority that national leaders recognize the HIV problem and target young people with prevention efforts, he adds.

"We have to be very realistic that it's not feasible to just have one approach like advertising or condoms or so on," Piot says. "We need a combination of school education and using media and pop stars and all that, together with making sure condoms are there and affordable."

The major factor influencing the HIV epidemic is individual behavior, particularly among young people, says Bernhard Schwartlander, MD, head of the UNAIDS epidemiology team in Geneva.

About 50% of all new infections worldwide occur in people in the 15-24 age group. That's the age group when most people first become sexually active, and it's the age group most prone to injecting drug use. So countries like Argentina that target HIV prevention programs to that age group have a smaller HIV epidemic than other nations that fail to make that commitment to prevention strategies and education, Pilot says.

"We have seen in some countries substantial behavior changes in the youngest population, 25-year-olds, and hope they will carry on as they grow older," Schwartlander says. "That will have an impact on the epidemic in these countries.

Global Summary of the HIV/AIDS Epidemic

December 1999

People newly infected with HIV in 1999
Total ..... 5.6 million
Adults ..... 5 million *(Women—2.3 million)*
Children <15 years ... 570,000

Number of people living with HIV/AIDS
Total ..... 33.6 million
Adults ..... 32.4 million *(Women—14.8 million)*
Children <15 years ... 1.2 million

AIDS deaths in 1999
Total ..... 2.6 million
Adults ..... 2.1 million *(Women—1.1 million)*
Children <15 years ... 470,000

Total number of AIDS deaths since the beginning of the epidemic
Total ..... 16.3 million
Adults ..... 12.7 million *(Women—6.2 million)*
Children <15 years ... 3.6 million

Source: Joint United Nations Programme on HIV/AIDS. AIDS epidemic update: December 1999. Geneva: 1999, pp.1-24.

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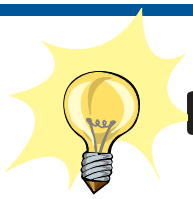
STD Update

Sexually transmitted disease? Or is it sexually transmitted infection? The answer for now seems to be both. Some organizations have switched in recent years to the use of "infection" to increase awareness that these diseases are infectious and passed from person to person. The CDC is still using the term "disease." So for now both terms are used interchangeably. On to the information update:

- The two most common STD's are genital warts and chlamydia, with over four million new cases of each every year. Chlamydia can be cured, genital warts is not curable.
- Most people who have an STD do not know it.
- People with an STD are at greater risk of getting infected with HIV if they have unprotected sex with a person that is HIV infected. These diseases cause openings in the tissues which make it easier for the virus to get into a person's body.

Resources
- National AIDS Hotline: 1-800-342-AIDS (24 hours a day, seven days a week)
- National STD Hotline: 1-800-227-8922 (M-F, 8 AM-11 PM)

Classroom Activities



BRIGHT IDEAS

"The Crystal Ball"

Icebreaker/Energizer (allow 10 minutes)

1. Ask your students to think of a risky behavior they engage in (e.g. smoking). They will not be asked to reveal it ever in this exercise.
2. Ask students to discuss in groups why they do this risky behavior and what they get out of it. Remind them not to disclose the behavior.
3. Have students stand. Say that you have a crystal ball and know their future plans will be jeopardized in ten years if they do not stop the behavior today and never do it again. Ask all students who could make that promise to sit down.
4. Surprisingly, or not, you will still have students standing. Tell them that now your crystal ball says that their future plans will be jeopardized in five years if they do not stop the behavior today and never go back. Repeat for one year and for six months if you still have students standing.
5. Processing questions:
   - What were the reasons given for doing the risky behavior?
   - Who were you thinking of when you sat down?
   - What were you thinking of when you sat down?
   - Did it surprise you that some students did not sit down until 1 year or 6 months? Why do you think they made that decision?
   - Is there anything anyone could do or say to make you stop doing this risky behavior?

Wrap up this exercise by explaining that we all do risky things, many times for the same reasons, yet most of us do not contemplate life threatening consequences. Finally, ask students what it would take to get them to stop doing that risky behavior. This can also make a great journal assignment.

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Health Education Assessment

The State Collaborative on Assessment and Student Standards (SCASS) joined forces with thirty states including Connecticut to create and pilot new health education assessments. The development process challenged teachers from each state to write initial assessment items.

Bristol and East Hartford volunteered to field test some of the items in February. Additional review will be conducted this summer based on the results of the field tests. States will have an opportunity to see the edited items in the fall, and the final items will be made available for purchase to school districts. More information will follow in our Fall 2000 issue.

Coming Soon!

Look for these, and many other articles of interest, in our fall issue:

- Centers for Disease Control—HIV/STD Prevention "Programs That Work"

EASTCONN
Windham Mills
Bldg. 1, 3rd Floor
322 Main Street
Willimantic, CT 06226