REGIONAL MUNICIPALITY OF OTTAWA-CARLETON REPORT
MUNICIPALITÉ RÉGIONALE D'OTTAWA-CARLETON RAPPORT

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TO/DEST. Co-ordinator,
Community Services Committee

FROM/EXP. Medical Officer of Health

SUBJECT/OBJET **RESPONSE TO INQUIRY CSC NO. 05 (98) - SEXUAL HEALTH EDUCATION FOR GRADES 7-9**

DEPARTMENTAL RECOMMENDATION

That the Community Services Committee receive this report for information.

PURPOSE

This report is in response to an inquiry made by Chair A. Munter at the Community Services Committee meeting of 19 February, 1998 regarding requirements of the new Mandatory Health Programs and Services Guidelines for healthy sexuality education.

BACKGROUND

The Mandatory Health Programs and Services Guidelines, released in February 1998, require as a minimum that students in grades 7, 8 and 9 receive three hours of sexual health and three hours of AIDS and STD-related instruction annually. The topics identified within the standard suggest a complete and comprehensive approach to sexual health education. There is also provision for parents to increase their knowledge and skills and for other community based sexual health strategies to occur. (See Appendix A)

DISCUSSION

1. Adequacy of Mandatory Health Programs and Services Guidelines re sexual health education in schools and other settings:

The Health Department supports the focus for instruction on the transition years (grades 7 to 9). In 1996, the Ontario Ministry of Education implemented the *common curriculum* with emphasis on the transition years. There is special recognition given to learning during the pre and early teen years. This is a stage, which is marked by the search for identity, changes in body image and the

exploration of new relationships and sexual orientation. It is a time for youth to learn and adapt new healthy behaviours that will contribute to their health and well being as adults. Recent health related reports namely the *Healthy Active Living Standards for Physical* and *Health Education and Sexual Health Education* by Health Canada emphasize the importance of learning during the transition years.

As a minimum standard, the guidelines for sexual health are adequate for sexual health education for students in grades 7 to 9, provided all these students receive this information.

2. Gaps in Programs - Steps to improve them?

In contrast to previous mandatory standards, the new guidelines are based on current public health "best practices". They are very comprehensive and reflect the need for a multi-strategy approach to health promotion. There is recognition of the unique learning needs of children and youth at various stages of development and those with special needs.

There are however, gaps in the new guidelines related to the needs of youth in other grades and to those expressed by educators of young children. The guidelines do little to address the challenges resulting from having different curriculum documents on sexual health in the public and separate boards of education and the change in physical education and health course requirements in Ontario high schools.

Youth aged 15 to 19 report that sexuality is a major health concern for their age group. Issues such as condom access, pregnancy, sex role stereotypes, STDs including HIV/AIDS and sexual orientation have been identified. In order for health promotion strategies to have impact, youth must also have access to current and accurate information at the time when they are actually making choices about sexual issues. Physical education and health classes have been the primary venue for sexual health education in high schools. Unfortunately, these classes are no longer mandatory after grade 9. The Health Department recognizes the importance of promoting and supporting educational activities for high school students in grades 10 to OAC both within the school and in the community.

Teachers of young children have expressed needs for both current sexual health information and for new curriculum guidelines that reflect the information needs of children who are now exposed, through the media, to mature topics at a young age. Changes to school age health services will improve information and resources sharing, as well as allow for increased public health involvement in curriculum review and development projects.

In January of 1998, the Health Department created a sexual health project team as part of school age health services. The team is composed of staff from various sexual health service areas within the Department. Initially, the team will determine the extent to which teachers are implementing the sexual health curriculum, and will obtain feedback about the most effective and efficient ways of supporting teachers in the classroom. Based on past practice, teacher support will likely take the form of skill building workshops, coaching sessions, team teaching and making suitable resources readily available. In some cases, public health nurses may be providing classroom instruction. Preliminary information regarding teachers' needs for curriculum implementation and gaps in present programs should be available by June, 1998.

3. Is the Mandatory Guideline standard adequate? Should it be supplemented?

While it is desirable to focus sexual education activities on students in grades 7,8 and 9, the standard does little to address the requirements of youth in high schools. In addition to the sexual health services offered through satellite clinics, supplementary activities should focus on knowledge and skill building opportunities with youth in grades 10 to OAC and support for educators, parents and staff in community youth serving agencies.

Additional supplementary services are required to support curriculum implementation by teachers of children in elementary schools. This support may take the form of workshops, coaching, team teaching, information and resource sharing.

CONCLUSION

The Department is pleased with the comprehensiveness of the Healthy Sexuality Guidelines. The guidelines are adequate for sexual health education for students in grades 7 to 9, if they are fully implemented. There are gaps in the guidelines related to the needs of children and youth in other grades. Youth in high schools are not well serviced by the guidelines, and the Department will continue to offer supplementary activities targeted to this population.

The Department anticipates that the resources required to provide all the services listed in the guidelines will exceed those presently assigned to sexual health. Some shifts in human resources have already occurred in order to create the sexual health project team. Further information relating to the present status of grade 7 to 9 curriculum implementation by teachers is required to determine if the present team will be able to meet the demands of this requirement alone.

Approved by,
Robert Cushman, MD, MBA, FRCPC

Attach. (1)

Sexual Health

Goal:

To promote healthy sexuality.

Objectives:

1. To decrease the rate of pregnancy in women 15-19 years of age to 40 per 1,000 population by the year 2005.

2. To increase access to contraception for individuals in need to decrease unplanned pregnancy.

3. To increase the awareness and knowledge about personal responsibility and life skills required to deal with sexual relationships and behaviours including the impact of alcohol and other drugs.

Requirements and Standards:

1. The board of health shall work with community partners to ensure the provision of programs to the public that promote appropriate individual reproductive and sexual health choices. Content of programs shall include: knowledge, attitudes and the development of behaviours appropriate to the individual's reproductive age and maturity.

   Programs shall include, as a minimum, the following topics:

   - sexual behaviour, personal responsibility and decision-making;
   - relationships and assertiveness, including techniques for negotiating safer sex;
   - methods of contraception, including abstinence;
   - prevention of sexually transmitted diseases;
   - sexual orientation;
   - sexuality and aging; and
   - sexual assault and abuse.

   These programs shall include as a minimum:

   a. three hours of sexual health education annually to all students in grades 7-9 by the person or organization that operates the school. The board of health shall assist in school curriculum development and implementation. In schools where this education is not provided, the board of health will report this to the Ministry of Health, and a program of equivalent activities targeted to school-aged children shall be delivered through other community settings;

   b. provision of information for parents on an ongoing basis that will assist them in their role as the primary sexuality educators of their children;

   c. health promotion strategies, including an annual workshop for individuals such as educators, health professionals and community workers involved in education and counselling; and

   d. activities that promote awareness about sexuality to the targeted population, including those with special needs.

2. The board of health shall provide clinical services, at a minimum of four hours per week per 150,000 or less population, and such additional services as are required to meet local needs.

   Activities associated with these clinical services shall include as a minimum:

   a. client's health assessment;

   b. contraception counselling, provision of prescription and other contraceptives at cost and/or free for clients in financial need;

   c. preventive counselling and screening for cancers of the cervix and additional physical and laboratory examinations as appropriate;

   d. pregnancy tests and comprehensive pregnancy counselling;

   e. post-abortion counselling;

   f. education and counselling on reproductive and sexual health choices, with appropriate client referral to: smoking cessation programs, nutrition counselling, assertiveness training groups, alcohol and drug abuse programs and other health and social service agencies and groups;

   g. provision of hepatitis B vaccine at no cost, according to Ministry of Health eligibility criteria; and

   h. development of a management plan appropriate to client needs, including discharge planning and referral where necessary to health care and/or social agencies.

3. The board of health shall work with coalitions/networks of community groups and health and social services partners to coordinate and address gaps in sexual health programs in the community.

Sexually Transmitted Diseases (STDs) Including HIV/AIDS

Goal:

To reduce the incidence of and complications from all sexually transmitted diseases (STDs) including HIV/AIDS.

Objectives:

1. To reduce the incidence rate of gonorrhea to 15 per 100,000 population by the year 2005.

2. To reduce the incidence rate of genital chlamydia to 500 per 100,000 women ages 15-24 years by the year 2005.

3. To maintain the incidence rate of primary and secondary syphilis at less than one per 100,000 population by the year 2005.

4. To maintain the incidence of congenitally acquired syphilis at zero.

5. To reduce the number of newly diagnosed human immunodeficiency virus (HIV) infections to less than 800 per year by the year 2005.

6. To reduce the incidence of perinatal HIV infection.

Requirements and Standards:

1. The board of health shall provide clinical services, at a minimum of four hours per week per 150,000 or less population, and such additional services as are required to meet local needs. These clinical services shall include as a minimum:

   a. provision of diagnosis, treatment and management of STDs including HIV testing;

   b. provision of hepatitis B vaccine at no cost according to Ministry eligibility criteria; and

   c. provision of individual counselling and referral to other agencies as necessary.

2. The board of health shall provide or ensure the provision of appropriate case management. This shall be accomplished, at a minimum, through:

   a. distribution of procedures and protocols for the management and treatment of cases that are consistent with the *Ministry of Health STD Control Protocol (December, 1997);*

   b. ensuring that STD patients are managed and treated according to the *Ministry of Health STD Control Protocol (December, 1997);*

   c. identification of contacts and partner notification and referral according to the *Ministry of Health STD Control Protocol (December, 1997);*

   d. provision of provincially approved drugs as required at no cost to the client, according to the *Ministry of Health STD Control Protocol (December, 1997)*; and

e. provision of condoms.

3. The board of health shall ensure the provision of a liaison and referral system for individuals with HIV infections, their families and support network to access medical care and/or social agencies.

4. The board of health, in conjunction with community partners, shall ensure the provision of health promotion activities, including the provision of condoms, aimed at preventing STDs, including HIV/AIDS. The activities shall, as a priority, be targeted at the following groups:

   a. school-aged children in grades 7-9 as a minimum. The board of health shall assist the person or organization that operates the school to ensure the provision of three hours annually of education about AIDS and about other STDs to students. In schools where this education is not provided, the board of health will report this to the Ministry of Health and an equivalent strategy targeted to school-aged children shall be delivered through other community settings;

   b. those in post-secondary education, workplace settings and parent groups;

   c. people engaging in high-risk behaviours; and

   d. health care workers, in order that they be effective in case finding and management.

5. The board of health shall ensure that injection drug users can have access to sterile injection equipment by the provision of needle and syringe exchange programs as a harm reduction strategy to prevent transmission of HIV, hepatitis B, hepatitis C and other blood-borne infections and associated diseases in areas where drug use is recognized as a problem in the community. The strategy shall also include counselling and education and referral to primary health services and addiction/treatment services. The board of health shall produce an annual report of program activities and forward a copy to the Minister of Health.

6. The board of health shall provide consultation and assist in the development of policies related to sexual health, STDs and HIV/AIDS, when requested by local agencies.