



IMPROVING SEXUAL HEALTH EDUCATION IN BALTIMORE CITY PUBLIC SCHOOL SYSTEM

Baltimore City Health Department



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JMNJ CONSULTING

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Executive Summary

At JMNJ Consulting, we invested a lot of time and energy finding the most feasible way to reduce STI rates in Baltimore City. After conducting research from trusted internet sources, it was found that more than 50% of newly reported STI cases stem from individuals aged 15-24. After seeing this fact, our team decided the best way to improve this number would be to educate middle schoolers, since they are about to join the critical age group of 15-24 years.

We reached out to special educator Amy Decesaris to learn from an individual's personal experience in the Baltimore City Public School System. From this interview, three very important problems were identified with the current sexual education program:

- Kids aren't comfortable enough with their teachers to ask questions
- Some schools do not follow the required curriculum
- Program starts too late

With these problems in mind, we began to develop three possible solutions. Our first solution deals with the fact kids aren't comfortable learning about sexual health from their teachers. To combat this, we concluded it would be best to have a college student teach instead of the teacher. This way, the kids may feel more inclined to pay attention and ask the real questions they have without fear of judgement. The college student would have to go through a training program before going to teach a classroom full of students.

In order to make sure all schools are following the correct curriculum, we found that a position with the Baltimore City Health Department whose job would be to supervise the sexual education classes at every BCPSS is the best idea. The

supervisor would be in charge of checking off a list of subjects that need to be addressed during the program. If there are items remaining on the list after the teacher is done, the supervisor must then finish the class by speaking about all of these topics.

Our third solution ensures the program starts early enough to give children the information they need in order to make decisions sexually. Ms. Amy Decesaris said in her interview, "The specific curriculum starts in eighth grade, but I've seen even younger kids that are sexually active." This shows plain and clear that the program needs to begin sooner, and we found it best to start the program in sixth grade.

Comparing Solutions

	Cost	Timeframe	Magnitude
Solution 1			
Solution 2			
Solution 3			

Using the criteria shown above – cost, timeframe, and magnitude – we were able to see that our final recommendation would be a hybrid of the previous three solutions.

We recommend implementing a program where a college student teaches the class, while another college student supervises the same class. This program would start in sixth grade, rather than eighth, to ensure the children are learning everything they need to know before they make decisions that could be life altering.

Introduction

Sexually transmitted infections (STIs) have the ability to erode quality of life in affected persons. Our group, JMNJ Consulting, strives to help every individual live their best life in any way that we can. With our diverse academic backgrounds – Electrical Engineering, International Studies, Civil Engineering, and Economics – in addition to our extracurricular experiences – Nest Strategies, Tamid Group, Policy Competition Team, and JHU Mentoring Program - we believe that we are beyond qualified to serve our community and help in the fight against STIs. Nest Strategies and Tamid Group have given our members the chance to garner experience in consulting, which helped greatly in our work for this sexual health project. The JHU Mentoring Program has connected us directly to the children in the community around us and has granted us the opportunity to gain insight into the daily lives of these kids. This club in particular has driven us to help improve sexual health in Baltimore because we were able to see the specific group of people who are affected by the extreme rates of STIs in the city and put the problem into perspective.

Sexual health is a major concern in the state of Maryland. According to the CDC, Maryland has a higher rate of reported STI cases per 100,000 people than the United States as a whole. Half of all newly reported cases stem from people aged 15-24, which creates our inspiration to target kids in middle school for better sexual education. Baltimore City alone has rates of Chlamydia and Gonorrhea that are 3 times as high as the rates of Maryland as a whole. This statistic is eye opening and points us directly to the location where improved sexual education can have the largest impact. STIs are permanent, life threatening diseases that can affect a person in every stage of life. One major problem with STIs relates to pregnancies. STIs are often closely related with unplanned teen pregnancies. These pregnancies are life altering. Taking care of a child is hard enough but taking care of a child when you are struggling to take care of yourself is much more difficult. This takes away from a teenager's education, extracurricular activities, and family life. Not only are STIs related to teen pregnancies, but they can also cause infertility in affected individuals. Many people look forward to starting a family at some point in their life, and this is clearly an obstacle to that goal. Our group has worked hard on finding solutions to help with the alarming Baltimore STI rates in order to improve some people's quality of life.

The following report will contain how we went about conducting research, some of the data we gathered, and a few solutions we believe could help improve the overall sexual health in Baltimore City. Criteria will be established in order to compare the solutions objectively. The criteria will be the cost of the solution, the time the solution will take to implement, and the magnitude of the solution. There will be mention of current policy in the sexual health education program for middle and high schoolers, and how our solutions do not go against these policies. Baltimore needs revamped sexual health education programs and our group has a few ways to start this transition.

Method and Scope

We realize that we cannot begin to help with the sexual health problem without completely understanding the size of the problem. In order to acclimate ourselves, we began with in depth internet research from trusted sources such as the CDC (Center for Disease Control and

Prevention) and Baltimore news articles. This method of research helped ground us in the problem and began to open our eyes to the pressing need for reform in the sexual health education program used in the Baltimore City Public School System (BCPSS). While conducting internet research we found a program called UChoose, which focuses on preventing teen pregnancies more than preventing STIs. This opened our eyes to the idea of teaching more STI preventing techniques to middle schoolers, who we believe make up the age group we need to reach in order to efficiently decrease STI rates. According to City Paper, the federal government provided Baltimore with \$8.5 million to improve the sexual education curriculum. With this grant came a new method of teaching safe sex to middle schoolers and young high schoolers. The new way of teaching is a more direct approach, which comes off as a very awkward conversation when it is being delivered to children aged 12-16. The emphasis of the curriculum is the importance of using a condom in safe sex. The teachers leading the discussion are directed to talk about awkward topics such as different “fun” ways to put on condoms, what steps in this process can involve the female, and recommends that partners make a day out of shopping for condoms together. The students become distracted when their trusted teachers carry out these tough conversations. The kids do not feel comfortable asking the teacher their real questions, because they fear judgement from their peers and the teacher.

After acclimating ourselves with the subject matter, we interviewed a special educator in the BCPSS named Amy Decesaris. Decesaris mentioned that although the new program starts in 6th grade, specific curriculum does not begin until 8th, which is after some students have become sexually active. It is imperative to reach kids before they start experimenting with their own sexuality. The revamped curriculum after the \$8.5 million grant sounds great in theory, but Decesaris told us that many methods, such as condoms and barriers, are not specifically covered in the program. Condoms are very common in individuals who practice safe sex and should be discussed in all sexual education curriculum. Decesaris also touched on the fact that students assume teachers are judging them, so they do not ask honest questions and therefore do not better their knowledge of sexual health. After our interview with Decesaris, we concluded that the program needs a method to ensure all of the proper information is truly being discussed with the students.

Our final method of research was to conduct a survey with student of different backgrounds at Johns Hopkins University. This survey asked whether or not their sexual education was efficient in high school. A few students told us that they selected “Not Helpful” due to the fact that they did not have any sexual education in high school. 50% of students told us they found their high school sexual education “Helpful.”

Solutions

Criteria

Before we begin discussing our solutions, we must lay out our specific criteria. Our solutions will be judged based on the following:

- Cost
- Timeframe
- Magnitude

These were chosen in an attempt to make our solutions feasible. We do not want our solutions to be ridiculously expensive, take too long to implement, and we would prefer if our solutions helped many people rather than just a select few.

Solution 1: College Student Teacher

The first solution is based around the fact that students benefitting from the sexual education program do not feel comfortable with their teachers. Our answer to this is to have Johns Hopkins University students teach the given curriculum. This way, the same information is provided to students, but they are more adept to absorb the points of emphasis from the discussion. A lot of the awkwardness would be removed from the situation and the children would be more inclined to ask questions to someone closer to their age who can relate with them. This would create a more effective program, which is used city-wide, meaning the magnitude would be large. The cost would be around \$10-20 per hour for a college student teacher and less than \$500 a year for training sessions for these teachers. This solution does not have too many steps and could be implemented immediately after a session of training college students.

Solution 2: Sexual Education Supervisor

This solution is aimed to help with the problem of individual schools in the BCPSS not correctly or adequately covering all required material on the state-wide curriculum. If schools are not teaching the material to the kids, it does not matter how great of a curriculum the Baltimore City Health Department has created. In order to ensure that each school is teaching the important topics, our solution is to create a job for an individual who would go from school to school to listen to the scheduled sexual education talks. This person would have a checklist containing all of the important topics and would step in after the teacher was finished to discuss the missing information with the students if not all of the items were checked off the list. This would cost \$40,000 per year in order to provide a salary for someone to live off. The magnitude would be large due to the fact this would ensure all schools got the proper sexual education. This solution could be implemented as soon as a qualified individual is hired, which would be around 2-4 weeks.

Solution 3: Begin Program Earlier

This final solution is targeting the challenge that has arose due to younger generations beginning sexual activities before receiving any sexual education. Instead of just touching on key topics in 6th grade, with this solution the teacher would be specific and thorough. This way, children have an idea of STIs and pregnancy before they decide to engage in sexual activity. The material covered in 6th grade would be reinforced every following year, thus providing the children with consistent information on sexual health to clearly describe possible consequences to sexual activities. This would not cost anything more than the current program and the magnitude would be fairly large since now all kids have the chance to learn about sex before participating in sexual activities. This solution could be implemented immediately, starting with the students currently in 6th grade.

Conclusion

With all three solutions on the table, we begin to compare them using our specific criteria. Having a college student as a teacher (solution 1) would be cheaper than creating a sexual education supervisor position (solution 2) but would not ensure all of the specific topics on the curriculum would be covered. Beginning the program earlier (solution 3) could be implemented immediately and at no additional cost, making it very feasible. This solution could easily be used in addition to the other solutions. Having a sexual education supervisor is important to ensure all information is taught in sexual education and has the largest magnitude of the three solutions. The only downside to this is the cost - \$40,000 a year is a lot of money. Using a college student as a teacher of sexual education is very practical and cost efficient.

Comparing Solutions

	Cost	Timeframe	Magnitude
Solution 1			
Solution 2			
Solution 3			

In conclusion, we believe the solution to this problem is a hybrid of all three of our aforementioned solutions. Our final solution is to train college students to teach sexual education and to supervise the student teaching the class. In short, we would send two students, one to teach and one to supervise. This would reduce the block \$40,000 a year salary for a professional supervisor to just an additional \$10-20 per hour per sexual education class. In order to implement the third solution, we would just ensure that our college students are teaching and supervising to 6th graders, thus giving kids a sexual education foundation to last for the rest of their life.

Recommendation

The following list is what we believe to be the best course of action to better the sexual education program in Baltimore.

- Design a class to train college students to teach and supervise a sexual education class
- Market these classes to attract college students
- Create a budget to pay these students to go teach and supervise
- Send the trained students into a school to teach a class, but provide a professional to supervise

- Once a student proves they can teach/supervise, send them into public schools on their own to teach

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Appendix A: Amy Decesaris

Q: What is your name and your position in the BCPSS?

A: My name is Amy Decesaris and I am a special educator in the middle school. I work at Afya, whose name means “health” in Swahili.

Q: Can you describe the sexual education program at your school?

A: There is a health program in sixth grade that talks about parts of the body, but there is no specific sexual education curriculum for kids in sixth and seventh grade. The specific curriculum starts in eighth grade, but I’ve seen even younger kids that are sexually active, and I have had pregnant students.

Q: Do you know the specifics of the program at your school?

A: I don’t even know exactly what they are doing in the program – I’ve been a part of the system for over ten years. I think they cover general topics but I’m not sure if condoms, barriers, and other methods are specifically covered.

Q: Do you think a sexual education program is necessary for these young students?

A: Absolutely. I’m not sure that all of them can take it seriously but a lot of them are making decisions based on sexual things, so they have to hear it. I don’t believe that these kids are mature enough to be making the decisions that they are making. A lot of misinformation goes around from older influences.

Q: What improvements do you think can be made to the program?

A: Anything teaching about the information behind STIs would be great. I also believe that students would feel more comfortable and open to hearing feedback from college students, or other people that are closer in age to them. Students have questions that they wouldn’t feel comfortable talking to teachers about. A lot of them carry the assumption that teachers may be judgmental, so they don’t ask the questions that apply directly to them or they are not completely honest in their questions.