MICHIGAN’S SCHOOL HEALTH COORDINATORS: ALLIES IN SCHOOL BASED SEX EDUCATION

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Many schools primary focus is on improving academic test scores and may see community programs as a distraction to their mission.

School principals are very busy people and difficult to engage in your initiative.

Many schools lack the necessary data collection to know that programs like yours can really benefit their students.

Sex education and the SEAB process is complicated and confusing.

Academic requirements for graduation are overwhelming and limit time for quality sex education instruction.
Where does health and sex education fit into the school’s mission?
No matter how well teachers are prepared to teach, no matter what accountability measures are put in place, no matter what governing structures are established for schools; Educational progress will be profoundly limited if students are not motivated and able to learn.

-- Charles Basch, Professor, Teachers College, Columbia University
A New Model for Motivating and Engaging Students in Learning:
Whole School, Whole Community; Whole Child (WSCC)
The Five Tenets of the Whole Child (ASCD)

A collaborative approach to learning and health that results on students being:

- Healthy
- Safe
- Engaged
- Supported
- Challenged
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<th>Maslow / ASCD’s Whole Child Tenets</th>
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<td><strong>Self Actualized / Maximized</strong></td>
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<td><strong>Challenged</strong></td>
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<td><strong>Self Esteem / Recognition</strong></td>
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<td><strong>Engaged</strong></td>
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<td><strong>Love / Belonging</strong></td>
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<td><strong>Supported</strong></td>
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<tr>
<td><strong>Safety / Security</strong></td>
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<td><strong>Physiological / Survival</strong></td>
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WSCC Model Integrates Coordinated School Health Components To Improve Health and Learning
Engaging and Building Trust with School Administrators and/or Sex Ed. Supervisors
Develop a working relationship with your Regional School Health Coordinator
Key Roles of the Regional School Health Coordinator

- Promote and support the implementation of the Michigan Model for Health™ in their regional schools
- Point person in their region for health and sex education consulting
- Primary advocate for schools adopting the WSCC model as a guide for school improvement
Showing School Administrators the Need for Sex Education
Research Shows

- Health-related factors can lead to poor school performance
- Health-risk behaviors consistently linked to:
  - Poor grades
  - Poor test scores
  - Lower educational attainment

Every Student Succeeds Act (ESSA) emphasizes implementing models that keep students safe, supported and healthy both in and out of school.

Michigan Top 10 in 10 calls for supporting the whole child including nutrition, physical, behavioral, social-emotional, and mental health supports (Strategy 4.1)
DATA

- *Michigan Profile for Healthy Youth (MIPHY)*
  - Weight and Nutrition
  - Physical Activity
  - Substance Misuse and Abuse
  - Weapon Use and Violence
  - Safety and Bullying
  - Sexual Behavior
  - Mental Health
Guide/Support SEAB’s through the Sex Education/HIV legal requirements and SEAB process
Implementing sex education with fidelity to get the intended outcomes
Strategy

- Be sure the principal and health teacher are aware up front of how many lessons need to be taught
- Set up a teaching schedule
- Request an extra class session or two be built into the schedule
FINAL THOUGHTS

- The ultimate decision of what sex ed. program/curriculum gets implemented is with the SEAB and School Board (parents).
- Program evaluation is extremely important for long term implementation!
Contact me if you are having difficulties working with your Regional School Health Coordinator
Contact Information

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QUESTIONS ARE WELCOME!