

Purpose: This document shows how *Get Real: Comprehensive Sex Education That Works (Get Real)* aligns to the National Health Education Standards (NHES). The following summary outlines the fall 2017 work of Planned Parenthood League of Massachusetts' (PPLM) *Get Real* Training Institute (GRTI) to assess the alignment of the 2016 editions of the middle school and high school *Get Real* curricula against the standards, and is followed by concrete alignment scores using the Health Education Curriculum Alignment Tool (HECAT), specifically the sexual health module (HECAT:SH). PPLM hopes that this document will support school districts and state educational agencies nationwide as they consider their selection and implementation of *Get Real* in their region. For more information, please visit www.etr.org/get-real; www.getrealeducation.org, or email training@pplm.org.

Background: In February 2015, the *Get Real* middle school curriculum was added to the U.S. Health and Human Services' list of evidence based programs. Shortly after *Get Real* was added to this list, school districts began asking if *Get Real* had been through a HECAT analysis. Although *Get Real* was mapped to the National Sexuality Education Standards (NSES), which are themselves aligned to the NHES, prospective implementers of *Get Real* were seeking how *Get Real* directly aligned to the NHES. It was clear that the *Get Real* Training Institute (GRTI) at PPLM should do the work to map both the middle school and high school curricula to these national standards in order to best assist customers who are excited about selecting and implementing *Get Real*, but need to show its alignment to their own administrators and funders.

Process: The Health Education Curriculum Analysis Tool (HECAT) is an analysis tool developed by the Centers for Disease Control and Prevention (CDC) to assist organizations in the selection and/or development of school health education curricula. More specifically, analysis entails reading a particular curriculum and documenting whether or not it adheres to specific health education standards within the HECAT tool, culminating in final summary scores. The education standards in the HECAT tool are pooled from a variety of sources, including the National Health Education Standards, evidence-based CDC guidelines for school health programs, and expertise from a variety of health education researchers and specialists¹. There are several components of the HECAT, including modules evaluating specific health topics, such as sexual health (HECAT:SH).

There are many ways to approach a HECAT:SH analysis. PPLM hired an intern with public health and education experience to perform a HECAT:SH alignment analysis of both the middle school and high school *Get Real* curricula. The same HECAT:SH analysis was conducted in parallel with reviewers from a variety of organizations to reduce potential bias in scoring, including individuals at national, state, and local levels with experience teaching sex education, working with teachers of sex education, developing sexual health information and evaluating sex education curricula. Reviewers were given sections of the Standards to align to either the middle school or high school curricula. To come up with a final score, two PPLM *Get Real* curriculum developers reviewed all reviewer scores and comments in detail, and revisited content where the scores showed a discrepancy of two or more points, and a final score was determined based on HECAT and CDC guidance.

Summary of Scores: The analysis of *Get Real* utilized the frameworks established in the HECAT:SH to measure the ability of *Get Real* to enable students' mastery of knowledge and skills related to sexual health. The *Get Real* middle school curriculum was analyzed using the HECAT:SH for Grades 6-8, and the *Get Real* high school curriculum was analyzed using the HECAT:SH for Grades 9-12. Each framework was divided into eight standards, the first of which assessed knowledge expectations across nearly 45 indicators depending on the grade set, and culminated in a final Knowledge Expectations Coverage Score (KECS). Standards 2-8 assessed student skill and skill practice. A variety of indicators within each standard identified a final Skill Expectation Coverage Score (SECS), measured on scale of 1-4 across percentages of coverage (0%-100%), while a Student Skill Practice Score (SSPS) measured whether or not four criteria for opportunities to practice skills were achieved by the end of the curriculum.

Get Real: Middle School

Overall, reviewers found that the *Get Real* middle school curriculum aligned with most (67%-99%) of the indicators for knowledge and skill expectations across all standards, for a KECS and SECS of three (3) across Standards 1, 3, 4, 5, and

¹ Centers for Disease Control and Prevention. Health Education Curriculum Analysis Tool, 2012, Atlanta: CDC; 2012.

6. On two occasions, reviewers agreed that *Get Real* aligned with all (100%) of the indicators, specifically in Standards 2 and 7. In Standard 8, reviewers identified that *Get Real* only aligns with two of the six indicators, garnering a score of 33% and a final SECS of one (1). Regarding the student skill practice within the curriculum, reviewers found that *Get Real* met all the criteria for a SSPS of 4 on Standards 2 and 7, but for all other Standards, the SSPS was 3, meeting all but the last criteria across Standards 3, 4, 5, 6, and 8. Below is a summary of final scores for the middle school curriculum; please reference the full HECAT:SH tool that follows this Executive Summary to see alignment with specific indicators within each Standard.

HECAT:SH Analysis Final Scores for <i>Get Real</i> (Middle School)		
	Knowledge Expectations Coverage Score (out of 4)	
Standard 1: Comprehend concepts of health promotion and disease prevention	3	
	Skills Expectations Coverage Score (out of 4)	Student Skill Practice Score (out of 4)
Standard 2: Analyze influences of family, peers, media, etc.	4	4
Standard 3: Access information, products, and services	3	3
Standard 4: Use interpersonal communication skills	3	3
Standard 5: Use decision-making skills	3	3
Standard 6: Use goal setting skills	3	3
Standard 7: Practice health enhancing behaviors	4	4
Standard 8: Advocate for health	1	3

Get Real: High School

Overall, reviewers found that the *Get Real* high school curriculum aligned with most (67%-99%) of the indicators for knowledge expectation in Standard 1, for a KECS of three (3). Reviewers found that all (100%) of the indicators for skill expectations aligned across half of the standards, for a KECS and SECS of four (4) on Standards 2, 3, 6, and 7. On two occasions, reviewers agreed that *Get Real* aligned with most (67%-99%) of the indicators on Standards 4 and 5. In Standard 8, reviewers identified that *Get Real* only aligns with two of the seven indicators garnering a score of 29% and a final SECS of one (1). Regarding the student skill practice within the curriculum, reviewers found that *Get Real* met all the criteria for a SSPS of 4 on Standard 3, and for all other Standards 2, 4, 5, 6, 7, and 8, *Get Real* aligned with all but the last criteria, earning a SPSS of 3. Below is a summary of final scores for the high school curriculum; please reference the full HECAT:SH tool that follows this Executive Summary to see alignment with specific indicators within each Standard.

HECAT:SH Analysis Final Scores for <i>Get Real</i> (High School)		
	Knowledge Expectations Coverage Score (out of 4)	
Standard 1: Comprehend concepts of health promotion and disease prevention	3	
	Skills Expectations Coverage Score (out of 4)	Student Skill Practice Score (out of 4)
Standard 2: Analyze influences of family, peers, media, etc.	4	3
Standard 3: Access information, products, and services	4	4
Standard 4: Use interpersonal communication skills	3	3
Standard 5: Use decision-making skills	3	3
Standard 6: Use goal setting skills	4	3
Standard 7: Practice health enhancing behaviors	4	3
Standard 8: Advocate for health	1	3

Limitations and Opportunities: Limitations of this process included the inability to ask all reviewers to review both the middle school and high school curricula in their entirety against all of the Standards. Doing this would have ensured complete consistency and reliability. Additionally, meetings were not conducted with the reviewers to discuss their findings or scoring decisions. Other challenges were seen in a reviewer's extent of knowledge or familiarity with *Get Real*, or in one's interpretation of a Standard or indicator. The next time this project is completed more time will be allocated for greater interrater reliability and more opportunities to explore discrepancies among reviewers.

Engaging in the HECAT:SH analysis enabled the GRTI team to identify strengths of the *Get Real* curriculum as well as opportunities for improvement. It is clear that there are some areas that *Get Real* will not cover as robustly, such as some Standard 8 indicators for community advocacy, and other areas that curriculum developers can bolster, such the skills practice criteria for student self-assessment of their own skills progress, as well as addressing inclusivity, a trauma informed approach, and consent/coercion throughout the entire curriculum.

Conclusion and Acknowledgements

The HECAT:SH alignment process was insightful and meaningful. The alignment data will inform future curriculum editions, as well as serve as a baseline if and when national standards are updated. The *Get Real* Training Institute is grateful to the following people for their time, guidance, and/or review and alignment of the *Get Real* middle school and high school curricula to the National Health Education Standards using the Health Education Curriculum Alignment Tool. Please email training@pplm.org with any questions regarding this report.

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