

S1 00:03 [music] Welcome to the Sports Medicine Podcast, brought to by the Sidney & J.L. Huffines Institute for Sports Medicine and Human Performance in the department of health and kinesiology at Texas A&M University. At the Huffines Institute, we're always working to facilitate, apply, and bring you the most up-to-date coverage of the wide world that is sports medicine and human performance, all in a language you can understand and share with your friends. And now, here's our host, the director of the Huffines Institute, Dr. Tim Lightfoot.

S2 00:40 [music] Well, hello, and welcome to the weekly podcast from the Huffines Institute for Sports Medicine and Human Performance. I'm your host, Tim Lightfoot, and I'm so glad that you've taken the time to download us and that you're listening every week. We work to bring you an interesting individual in the world of sports medicine and human performance, and in the general world of health, and today is no exception. We have a wonderful researcher with us, Dr. Kelly Wilson. Welcome to the podcast, Kelly.

S3 01:05 Thank you for having me.

S2 01:07 We're really glad to have you here. Actually, Kelly and I have worked hard to match up schedules, and we've been trying to get Kelly on the podcast for six months. Something like that.

S3 01:16 And we're making it happen.

S2 01:18 Anyway, so, let me tell the audience a little bit about you, and we'll get going. Dr. Wilson is a health education associate professor here at the department of health and kinesiology. She has a PhD in Health Education from right here at Texas A&M, a master's from Texas State and a bachelor's degree from Texas A&M. You like Texas A&M, huh?

S3 01:36 I do like them. Gig 'em Aggies.

S2 01:38 It is the best place to be. That's right. She is an affiliate faculty in the Centre on Disability and Development in the College of Education and Human Development. She is the assistant editor for continuing education in the Journal of School of Health. A great honor that she got is that she was named the 2016 Outstanding School Health Researcher in the country by the American School Health Association. Congratulations.

S3 02:00 Thank you.

S2 02:00 That's great. Yeah. And as I said, she is currently an associate professor here in our division of health education. She has many research interests, but we're going to focus today on her research interest in sexuality education because that does intersect quite often with health and actually with sports medicine and performance as well.

S3 02:20 Yes it does.

S2 02:22 So, tell us. How did you get into sexuality education?

S3 02:26 Well, I actually started my career by working for after-school programs, and actually engaged with pregnant and parenting teen programs as well. And then, while I was working on my master's degree, obtained my teaching certificate and worked in the middle school setting. So I was actually--

S2 02:45 That's exciting, isn't it?

- S3 02:46 Yes, it is. If you want to talk about puberty at its finest, it's in sixth and seventh grade classrooms. And so from there, I had the opportunity to start my PhD program and work on an extensive evaluation of abstinence education programs in the state of Texas, right here at Texas A&M University with Dr. Buzz Pruitt and Dr. Pat Goodson. And just ingrained myself in research around sexuality education with an emphasis at the time on abstinence education, and have expanded from there.
- S2 03:25 So there has been-- it's interesting that sexuality education has always been a controversial issue in the schools, and it seems to revolve around do you offer sex ed or not? When and what type of sex ed do you offer? And so this kind of investigation into one of the types of sex education program, the abstinence-based programs, really interesting. And some of the studies I've seen have shown that in an interesting light. So can you tell the audience a little about what you found in some of your investigations?
- S3 03:55 Well, sure. So when we were working on that evaluation, there were about 32 programs in Texas that were funded underneath abstinence education funding, which was Title V funding. And they were operating in different kinds of systems and using different curricula across the board. And during that initiative, the federal government actually went into an evaluation requirement for these programs to make sure that we were finding out if they were effective on youth outcomes. And so the youth outcomes that they might have been effective in were things like communication and decision-making. However, when it came to sexual health behavioral outcomes they did not have a major impact on the youth.
- S2 04:45 And when you're talking about sexual health behavior, what are you talking about? Are you talking about teen pregnancy rates or whether or not they engaged in sex? What are those behaviors that you're going to measure?
- S3 04:55 So for the most part, overall we'll look at public health outcomes like teen pregnancy, teen birth rates, and sexually transmitted infections and public health counts related to those topic areas. But then when you get into the research on specific programs actually looking at other risk behaviors, so separating youth that might be sexually active or who are not sexually active and then identifying that if those youth are sexually active, do they protect themselves from these public health outcomes? So do they protect themselves from becoming pregnant or from getting a sexually transmitted infection?
- S2 05:41 Okay. And so with those kinds of measures, basically the study's conclusion was that the abstinence-based programs weren't any better than any other programs?
- S3 05:51 Correct. Overall, they were not effective. Now, over the course of time, we have seen a transition in funding sources for different sexuality-based programs. So in the early 2000s, there was an emphasis on abstinence education overall. And then in about 2010, 2009 the legislation actually went into effect, but in 2010 there was funding for teen pregnancy prevention. So about \$110 million actually went into the first round of funding for teen pregnancy prevention. And one of the requirements for this particular initiative is that the programs that were going to be funded to be implemented at both the community and the school levels had to be on an evidence-based list. And so the evidence-based list included curricula, been tested through a randomized control trial, and had positive effects and a strong enough study to make the evidence-based list. Over the last 10 years, there are actually 3 curricula that are abstinence education, that are now included on that list.
- S2 07:17 So there are three curricula on that evidence-based list?

- S3 07:23 There are 3 curricula on the evidence-based list that now, over time, includes about 37 programs. That number may not be exact but three of them are identified as abstinence education.
- S2 07:39 Now, I guess this is a good time to really insert this and that is, the politics you don't care about. I mean, I don't care about the politics for sexuality education. We just want a reduction in teen pregnancy rates. I mean, that's what you're interested in, right, is programs that are effective?
- S3 07:58 Correct. I am focused on programs that are effective, programs that actually engage their youth population. So we will find that when you look at curricula or programs that are age and developmentally appropriate, that what's being provided in a middle school looks very different than what's being provided in a high school. Because when we go back and look at youth behaviors, the sexual behaviors that a middle school student might be participating in is at a much lower rate and looks very different than a high school student, or a young or older adolescent, actually. A young adult, older adolescent.
- S2 08:44 How do you respond to those people who say that sex ed is no business of public schools?
- S3 08:48 Sometimes I bite my tongue, but the responses that I would normally give to either someone from the public, or even a school-based administrator, or a teacher who doesn't think that it's the role of the school to be providing sexuality education is that the schools are the place that youth spend a majority of their time. And when we look at health overall, we are looking at lifelong behaviors, and sexual behaviors are one of those. And when we're talking about students who are in middle school, students who are in high school, they may not be sexually active at that time. But in most cases, people will become sexually active individuals. It may be after they graduate high school. It may be after they get married. And so at that point, it's a responsibility that we make sure that they have the appropriate, accurate information, that they can be a healthy sexual being at whatever point is appropriate for them.
- S2 10:01 And so some people would argue that's the parents' job, that that's not the school's job.
- S3 10:06 Some people would argue that. Now on the flip side, a lot of parents support sexuality education and schools providing this information to them. The numbers range depending on what poll or research study that you're looking at. But I can easily say that I can find a study that says 90% of parents support sexuality education, and sexuality education happening in the school with a trusted adult who they spend a lot of time with. And what they're interested in is age-appropriate, medically accurate information. And with a competent, trained educator or facilitator in sexuality education, the right message can be given to youth.
- S2 10:57 And none of these programs' goal is to replace the parents,
- S3 11:00 No.
- S2 11:00 Everyone realizes the parents have an important role to play. This is just a source of additional information. Because I come back to my point earlier, at least every individual in health that I've ever known is interested in the student's health. And how you get there, that's what you're trying to figure out. What's the best way to get there, right?
- S3 11:18 Exactly. And we don't want education in any way to completely supplant what would be happening in the home by a parent. In fact, that's where youth are going to

establish their values and their beliefs that really drive their behavior. But as far as providing appropriate information to them, the school is a good place to do that. And we could even go back and use an example of, most people are comfortable with the school nurse, or the PE teacher teaching elementary kids at about fourth or fifth grade about puberty. And that's because these are trusted adults. And even parents are scared or fearful of talking to their fourth or fifth grader about puberty. But this is still something that happens in the school and is mostly trusted. Move into older age groups, that people get a little less comfortable.

S2 12:22 Yeah. Because, otherwise, kids get the information from other sources--

S3 12:26 Absolutely.

S2 12:27 --that aren't necessarily correct.

S3 12:28 Yes.

S2 12:28 Right?

S3 12:29 And especially with students, or youth, walking around with mobile devices. They have the Internet at their hands. Even if we think to where we were 10 years ago, the world of technology has completely changed youth's access to information. So that's why it's so important to provide information to them so that they can be as health-literate as possible. So they can differentiate between these messages that they're getting, either through text messages or social media, and they can differentiate with what is accurate information.

S2 13:07 So how does this jive with the current public education efforts to remove health education and physical activity from the schools?

S3 13:16 It's interesting to think about how it actually interacts with health and physical education and the different mandates for these two particular areas in schools. So we know, here in Texas, school districts have the option of whether or not they offer health, or require health for graduation, or not. Also, with these school districts, the health class is the place that the sexuality education program might be offered. What I would say is with federal funding where it currently stands as of today-- we found out on Friday that the Teen Pregnancy Prevention Initiative is receiving level funding. So we will see if it stays at that level funding, or not. But--

S2 14:08 And level funding, nowadays, is an accomplishment.

S3 14:10 It is an accomplishment.

S2 14:11 In this political climate. Yeah. Absolutely.

S3 14:11 So that talks a lot about the impact that the Teen Pregnancy Prevention Initiative has had and that it's being supported by Congress at this point. And what is happening is a lot of community-based organizations have become involved in the Teen Pregnancy Prevention Initiative and they are partnering with school districts. So if sexuality education isn't necessarily happening in the classroom, in a health classroom, then it might be offered as an after-school component. So we have actually seen more community efforts go up with teen pregnancy prevention because funding has been available since 2010. We have involved some school districts, community-based organizations, and I would say that we're seeing more of a partnership perspective and more of an ecological approach. Thinking from the community-based perspective rather than right in at the school.

S2 15:19 Well, and so many of the programs that are being taken out of schools, you see the same thing, whether it's activity, whether it's health. It's an interesting phenomenon

that's happening in society.

S3 15:27 Right. And then it's not necessarily tied to education standards.

S2 15:32 Yeah, which is also scary [laughter] in that case. Right?

S3 15:35 Well, and that's the good thing about going back to evidence-based programs and the importance of, when you have a community-based program, making a decision about what curricula they're going to implement. Really thinking about what are the goals of that particular curriculum and then making sure that they deliver that and they implement that curricula as they design to in their program. So we have a range of programs that are available on that evidence-based list. And just to go back to that parent perspective that you asked about, there are some programs that are focused on the family and-- Families Talking Together, for example, that is the name of one of the curricula. So it's not just focused on the youth like you would see in a classroom-based setting. But really taking this community-based initiative, engaging the family, and having activities not only for parents but for youth, and then tying together that talking perspective and making sure that they're communicating with each other so nothing's a shock down the road.

S2 16:44 Right. And that may be one of the reasons why you don't hear as much backlash about some of these sexuality education programs as we used to hear. I mean, as a former department chair, I got called into the provost office one time with a legislator who was really upset about one of our faculty member's work in the sexuality education area. And I have heard very little of that over the last 10 years.

S3 17:07 Well, I think that people are really-- rather than focusing on values and beliefs that drive the world of sexuality, profession of sexuality education, and really thinking about the prevention science perspective. We really have started to come around to the thinking of there is a science behind this. That it's not just, "Let's go out and teach these kids what they need to do to protect themselves from pregnancy or STIs." But really thinking from an-- not only the individual perspective but also thinking about, how can we impact policy? What policies need to be in at a school district level regarding sexuality education? What policies need to be embedded into the state level? So in Texas, again, we've had a push for bills that support medically accurate information. So it's not even a matter of, "You must teach sexuality education." But if you're going to teach something sexuality-based, it needs to be medically accurate.

S2 18:22 So it's interesting to have observed how these things have changed over the last 10 years. So if we pull out-- 10, 15 years. If we pull out the Huffine's Institute crystal ball and you have to guess, give us your educated speculation. Because if anybody can tell us where the field is going, it should be you. Where do you think the field's going over the next 10 years? What's sexuality education going to look like in the year 2027?

S3 18:48 So if I pulled out the Huffine's crystal ball and actually looked at the future of teen pregnancy prevention, sexuality education, there are a couple of things that I would say that we are definitely focused on. Number one, we are going to applaud the field for embracing the prevention science and focusing on evidence-based interventions. Establishing that base of what is good for the individual has been very important, and what kind of program impacts the individual youth is very important. But overall, looking to the future, I think one of the things that we will see is programs that are focused more at an ecological level or that have more of an ecological perspective. So programs--

S2 19:37 Now, when you say ecological, people often think about the environment and birds and animals, but that's not what you're talking about.

- S3 19:43 I am not talking about birds and animals but more talking about policy and focusing more on policy that relates to access, for example. Systems perspective. So understanding more about the community-based system and what impacts sexual behaviors overall, what puts a youth at a greater risk for teen pregnancy, sexually transmitted infections, and other risk behaviors, and then the environment. So making sure the environment is supportive of public health efforts that would have a positive public health impact on these particular issues. And so that is another thing that is in my crystal ball. And then the final thing that I would put in the crystal ball, so I have three different things, is really embracing a design-thinking perspective in the design of programs. So really building empathy and getting insights from the target population and making sure that programs talk to or engage the particular participants who they're targeted for.
- S2 21:00 In one of the things that we try to do on the podcast is we try to get, maybe, to the passion. What drives an individual? People think research sometimes is easy, but it's really not because this is something that's a passion for you. And you told us a little bit about your experience in middle school and how you kind of moved into the sexuality education area. What keeps you passionate about this area? I mean, why do you continue to stay interested in this? Why do you continue to work in this area?
- S3 21:27 In my career, I have seen so much growth in this particular field. Like I said, we started out focusing on the individual and now we have national sexuality education standards. We have expectations and teacher preparation standards for individuals who are going to be practicing sexuality education. And so it's a combination of really understanding the scope of the field and being able to move beyond some of the fear and the shame that falls with sexuality education and being able to say, "This is the right thing for youth and that we can make a program that is right for most youth." And so being able to think about not only what are the programs, but who are the people who are implementing it. I love working with teachers and facilitators and educators. And then they're the ones that are going to go and impact the youth and adolescents overall. So it's just an exciting field and an exciting time for our field because we've had so much growth over the past 20 years. I could do a little history timeline for you of how much expansion we've had and how we've really moved to not only the science perspective but really thinking about the people that we serve.
- S2 22:51 It's an exciting field because of, as you said, the growth. But I think what's exciting is that everybody wants the same thing. No matter what side of the issue you're on, everybody wants the same thing. They just differ in how to get there, they think. There's more consensus developing about that, which is great. So we want to thank you for your time today. If you had to leave the podcast with one thought, if you want people to remember one thing, what is your take-home message for everybody?
- S3 23:20 My take-home message would be that sexuality education programs are so important for youth. There are so many different areas within sexuality education that impact different people that we cannot let it go, that it needs to be supported at multiple levels. And it's something exciting that everybody should and can get behind.
- S2 23:46 Excellent. Again, thank you for being with us today. It's been great to have you in the podcast.
- S3 23:51 Well, thank you. Thank you for having me here.
- S2 23:53 Oh, you're welcome. And I want to thank all of you for taking the time to listen, to download, and listen to us. We've enjoyed bringing you this podcast. As regular listeners of the podcast know, this is the time of the podcast when we have our podcast question of the week. And here with our podcast question of the week is our

producer Daniel Sanders.

- S4 24:10 Dr. Wilson was able to give us a couple of reasons why she believes sex is appropriate to be taught at public schools. Give us one of these reasons she talked about.
- S2 24:19 Great podcast question, Daniel. So be the first person to email us the correct answer to that podcast question and you'll win one of our nifty podcast T-shirts. That email address is huffines @ T-A-M-U dot edu. Again, huffines@tamu.edu. Be the first one. And we've been known to give several T-shirts out, so don't hesitate to send us an answer to that question. And we hope that you'll join us in the future for another interesting person in the world of sports medicine, human performance, and health. And until next time, we hope that you stay active and healthy. [music]
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