Chapter 7: Access and Equity

Health Education Framework

November 2018 Revision

This document includes some of the feedback submitted to the California Department of Education during the first 60-day public review period. All revisions in this document were approved by the Health Subject Matter Committee and the Instructional Quality Commission. The new additions are highlighted in yellow.

The following abbreviations are used throughout this document, in accordance with state and federal accessibility guidelines:

- <bh> = highlighted text begins
- <eh> = highlighted text ends

The second 60-day public review period will be held from November 1, 2018 through January 11, 2019. Public input can be submitted to the California Department of Education (CDE) via email or regular mail. Please visit the CDE website at https://www.cde.ca.gov/ci/he/cf/ to download the public input template if you wish to submit public comment on the current, November 2018 version of the *California Health Education Framework*. The State Board of Education (SBE) will discuss and adopt the 2019 California Health Education Framework during the May 2019 SBE meeting.

<bh>Students Who Identify As<eh> Lesbian, Gay, Bisexual, Transgender, or Questioning

All California's children and adolescents have the fundamental right to be respected and feel safe in their school environment, yet many students do not feel supported in expressing their gender, gender identity, and sexual orientation. California EC section 210.7 defines gender as sex and includes a person's gender identity and gender expression. Gender expression refers to a person's gender-related appearance and behavior whether or not stereotypically associated with the person's assigned sex at birth. Gender identity refers to the gender with which a person identifies and may not necessarily match an individual's sex assigned at birth. Sexual orientation refers to a person's enduring pattern of romantic and sexual attraction to persons of the opposite sex or gender, the same sex or gender, or to both sexes or more than one gender. There are an infinite number of ways an individual may identify or choose to express their individuality and sense of self. This list is also expansive as it relates to gender, and students may not conform within social norms of the binary gender identities of male and female (e.g., gender non-binary, gender non-conforming, androgynous, gender queer, gender fluid). It is important to remember a person's gender and sexuality identity do not necessarily correlate with their activity, and educational approaches need to be identity-sensitive, but behavior-focused, insomuch as a primary goal of health education
bh>is to positively influence the health behavior of individuals and communities as well as the living and working conditions that influence health (Society for Public Health Education, 2018).<eh> That is, if a male doesn't identify as gay or bi, but still has sex with other men, then discussions that are only about "gay" sex, for example, can miss important aspects of actual human behaviors.

The usage of LGBTQ+ throughout this document is intended to represent an inclusive and ever-changing spectrum and understanding of identities. Historically, the acronym included lesbian, gay, bisexual, <bh>>and transgender<eh>> but has continued to expand to include queer, questioning, intersex, asexual, allies, and alternative identities (LGBTQQIAA), as well as expanding concepts that may fall under this umbrella term in the future.

Because some identities may hold a negative stigma for some students, it may prevent them from receiving important information or content. Be mindful of students' identified gender pronouns and affirmatively acknowledge the existence of relationships that are not heterosexual by actively using examples in class discussions and activities. Use gender neutral language when referencing gender identity or sexual orientation to create an inclusive and safe environment. It is important to not make assumptions about how a student identifies based on appearance and to be as culturally sensitive and inclusive as possible when discussing gender and relationships. Teachers should generally avoid dividing the class by gender, having single-gender teams or activities, and should try to mix traditional gender roles in class activities such as roleplaying. Educators should be mindful of students who are not public about their gender identity or sexual orientation and ensure gender identity or sexual orientation is never revealed or discussed with anyone without the student's explicit consent. This is especially true when educators communicate with other students, families, and other educators. Research indicates that students who are gender nonconforming are less likely than other students to feel very safe at school and more likely to indicate that they sometimes do not want to go to school because they feel unsafe or afraid. Furthermore, they are more likely to be teased and bullied about their gender expression (Gay, Lesbian, and Straight Education Network [GLSEN] 2015). Specific to California, the majority of LGBTQ+ students (up to 63 per cent) have been victimized at school based on their sexual orientation, gender, or gender expression by either verbal or physical harassment or physical assault (GLSEN 2015). In addition, LGBTQ+ students report feeling unsafe and experiencing harassment or assault at school. Notably, students in middle school report higher frequencies of victimization than students in high school (GLSEN 2015). They often miss days of school to avoid a hostile climate.

All California educators have a duty to protect students' right to obtain an education in a safe and welcoming environment and their right to physical and psychological safety. They also have a duty to ensure that each of their students has the opportunity to thrive. The California *EC* sections 200 et seq. prohibit discrimination on the basis of various protected groups, including sexual orientation, gender, gender identity, and gender expression. California recognizes that discrimination and harassment in schools "can

have a profound and prolonged adverse effect on students' ability to benefit from public education and maximize their potential" (CDE 2015). Furthermore, research suggests that victimization based on sexual orientation or gender expression is related to lower academic achievement and educational aspirations as well as poorer psychological wellbeing and higher rates of suicide ideation (CDC Youth Risk Behavior Surveillance System [YRBSS], 2016).

General recommendations from the GLSEN (GLSEN 2015) for schools regarding students in this diverse population include the following:

- Adopt and implement clear and comprehensive anti-bullying policies and procedures thus promoting respectful and safe environments for all students.
- Provide professional development to educators as accurate information and terminology evolves and ensure that all students have access to a welcoming environment and supportive, respectful teachers and staff who will intervene on their behalf.
- Provide a supportive environment for teachers to be out and explicitly support them via policies and practices.
- Increase students' access to an inclusive curriculum with sensitivity to pronouns.
- Work with your school teacher librarian and media specialist to ensure students
 have access to inclusive and diverse reading and media materials.

Additional recommendations include the following:

- Make available and share age-appropriate instructional materials and resources
 that reflect the diversity of humankind and thoughtfully deal with the complexities
 and dynamics of intolerance and discrimination.
- Teach students by example and through discussion how to treat diverse others.
- Ensure the classroom environment is inclusive by using posters or images that
 depict students and people of all abilities. <u>Consider hanging a small rainbow</u>
 <u>pride flag or safe zone sticker that signifies that all gender identities and</u>
 <u>expressions are welcome in the classroom</u>. <u>Partner with school administration to</u>

- ensure that this inclusive environment is consistent throughout the entire school campus.
- Encourage the formation and continuation of LGBTQ+ student groups such as Genders & Sexualities Alliance Network (GSA) which improve the school environment and inclusive climate.
- Consider seeking professional development opportunities in LGBTQ+ issues.
- Teachers, administrators, and staff should be informed that they are protected from workplace discrimination and harassment according to the California Fair Employment and Housing Act (*Government Code* sections 12900–12996).

California students who are not themselves in this population may have parents, guardians, family, or friends who are lesbian, gay, bisexual, transgender, queer, or questioning. All students and their families need to feel safe, respected, and welcomed in school. The health education standards related to growth, development, and sexual health encompass a broad scope of concepts and skills including acquiring information about interpersonal relationships and gender roles. Many standards in this area cover aspects of healthy relationships and inclusivity and recognize that there are individual differences in growth and development, physical appearance, gender roles, gender expression, and sexual orientation. Transgender students often experience additional difficulties in school beyond bullying and harassment. In some cases, their gender identity is not recognized and respected. It is important the school community understands and supports transgender students' right to be addressed by the correct name and pronouns and access facilities and programs consistent with their gender identity, in addition to avoiding language and teaching that is exclusionary of transgender students. The same is true of students who identify as non-binary, meaning their gender is neither strictly male nor female. California EC Section 221.5(f) specifies that students in California have the right to participate in school activities, including sports, and use facilities consistent with their gender identity, irrespective of the gender listed on their records.

The example below provides some tangible ideas for ensuring that instructional materials and resources that both reflect and honor the diversity of humankind and thoughtfully deal with the complexities and dynamics of intolerance and discrimination

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>Learning from Diverse Role Models in High School

The teachers at the Helen Rodriguez-Trías Health Professions High School work together to ensure that their students learn about role models in health professions in order to inspire their students to persevere in academic coursework and pursue careers in health fields. The role models the teachers select reflect the cultural, ethnic, gender, LGBTQ+, and other aspects of diversity of students in the school. One of the role models students learn about is teen scientist Jack Andraka. When he was a high school student, he invented an inexpensive early detection test for pancreatic, ovarian, and lung cancers and has won numerous awards. In addition to learning about Andraka's contributions to health sciences, they also learn how the young inventor and scientist, openly gay since the age of 13, has earned international praise for sharing his personal and motivational story—in multiple documentaries, journal articles, and a memoir—depicting his experiences of bullying, depression, rejection, and ultimately international success.

One of the texts students read and discuss is an article Andraka wrote for the Advocate entitled *How Gay Genius Alan Turing Got Me Through Middle School* (advocate.com). In the piece, Andraka explains how inspiring and motivational it was for him in middle school to discover a role model who was also gay: Alan Turing. Andraka laments the paucity of role models for LGBTQ+ youth and advocates for changes in schools. As the students learn about Andraka, they discuss his contributions to health science and how he serves as a role model for other teens. In an activity that connects health education and science instruction, small groups select one of the "do-it-yourself" science experiments included in <u>each chapter of Andraka's memoir</u> and work together to conduct them. These activities should be jointly developed by health education and science teachers.

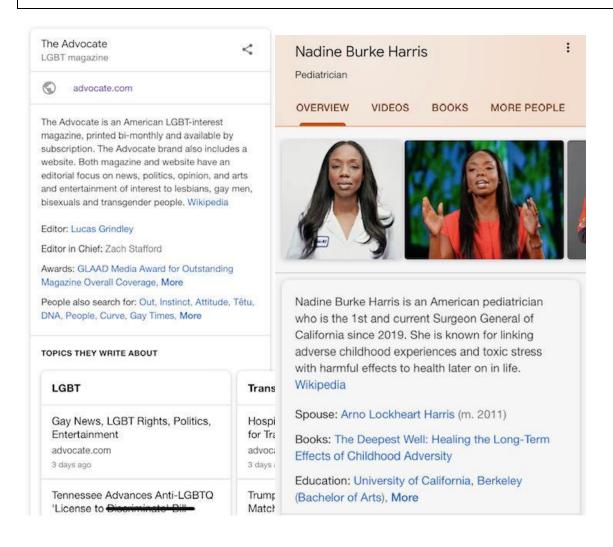
Students also learn about the work of pediatrician Nadine Burke Harris through her Ted Talk in which she explains the public health crisis of childhood trauma and how it affects people across their lifetimes. The students discuss the key points from the talk, including how adverse childhood experiences have real, tangible effects on the development of the brain and on life-long mental and physical health. They learn that, in addition to affecting their mental well-being, people who grew up with a family member who suffered from substance abuse or mental illness, were neglected, or experienced other high levels of early adversity are at triple the risk for heart disease and lung cancer. Dr. Harris explains how health professionals and the community at large can use the knowledge gained from science for the prevention and treatment of trauma to reduce the effects of adversity and treat children and youth through holistic services and education, such as the work she does at the Center for Youth Wellness in San Francisco. Through their animated discussions of the Ted Talk and a group research project they conduct on the topic, the students create public service announcements to educate their local community, focusing on evidence-based solutions.

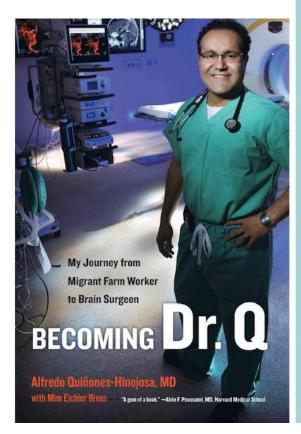
Another group of role models students learn about are people who came to California as undocumented immigrants and later entered the health professions. For example, they read the memoir of <u>Dr. Alfredo Quinones-Hinojosa</u>, who grew up in an impoverished Mexican village, journeyed to California at the age of fourteen, worked as a migrant farmworker and a welder in the San Joaquin Valley, earned a bachelor's degree at U.C. Berkeley, attended Harvard Medical School (earning his citizenship while a student), and is now a successful neurosurgeon. In a <u>Ted Talk, "Dr. Q,"</u> as he is known, speaks of how proud he is to be a Mexican and an American and to be living the American dream and using his transformed life to save the lives of others.

Students read a book by and view videos about <u>Temple Grandin</u>, a prominent author and speaker on autism and animal rights. Diagnosed with autism as a child, Grandin makes the case that the world needs people on the autism spectrum who have "different-abled brains" and can think in unique ways. Students learn about the autism spectrum, how it spans from people who are famous scientists to those who are challenged to care for their daily needs, and how educators, family members, and the

community at large can be more inclusive and supportive of people with autism. They also learn about the significant impact Grandin's work has had on animal welfare, including how her work designing humane handling systems for half the cattle-processing facilities in the United States. They discover how Grandin's books and speeches about her life as an autistic person have increased and shaped the world's understanding about autism and given voice to others with the condition.

In addition to learning about specific role models, students conduct their own research in collaborative groups to investigate people in health professions they are interested in, such as diverse leading thinkers in alternative medicine and nutrition, environmental justice, or mental health. They showcase their research in a community event at City Hall and post their multimedia presentations on a website dedicated to promoting diversity in the health professions.<eh>





AUTOBIOGRAPHY / LATING STUDIES / MEDICINE

TODAY DE IS EMOWN AS DR. Q. an internationally renowned neurosurgeon and neuroscientist who leads cutting-edge research to cure brain cancer. But not too long ago, he was an undocumented migrant worker toiling in the tomato fields of central California. In this gripping memoir, Alfredo Quiñones-Hinojosa tells his amazing life story—from his impoverished childhood in Mexico, to his harrowing border crossing and his transformation from illegal immigrant to American citizen and gifted student at the University of California at Berkeley and at Harvard Medical School. Packed with adventure and adversity, Becoming Dr. Q is a testament to persistence, hard work, the power of hope and imagination, and the pursuit of excellence. It's also a story about the importance of family, of mentors, and of giving people a chance.

"A passionate hymn to the power of the American Dream." KIRKUS REVIEWS

"Quiñones-Hinojosa's story is gripping, inspiring, and just plain awesome." **BOOKLIST**

"Incredible in every sense of the word. At the end, Dr. Q feels like a friend—and the only surgeon anyone would want operating on his or her brain." SHELF AWARENESS

"Dr. Q is simply one of us—a human being who chooses to believe in the capacity of people. This is a book about humility, being a dreamer and the power of esperanza—hope." MARIA HINOJOSA, NPR/PBS anchor and author of Raising Raul and Crews

ALFREDO QUIÑONES-HINOJOSA, MD, is Professor of Neurosurgery and Oncology at Johns Hopkins University. In addition to directing the Brain Tumor Surgery Program, Dr. Q leads the Brain Tumor Stem Cell Laboratory. Named one of the one hundred most influential Hispanics in 2008, Dr. Q was also selected by Popular Science magazine as one of their Annual Brilliant Ten. For more information, visit his website at www.DoctorQMD.com.

MIM EICHLER RIVAS is the author and coauthor of more than two dozen nonfiction titles including Beautiful Jim Key and the national bestsellers The Pursuit of Happyness with Chris Gardner and Finding Fish with Antwone Fisher.

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A NAOMI SCHNEIDER BODY

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Cover-design: Claudia Studier: Cover-plants: Dr. Q. 2011. Phono by Keith Weller/Johns Hopkins Medicine

