RESOLUTION 57-20

Title: Safe Sex Education at Senior Living Facilities

Introduced by: Nabiha Hashmi for the Medical Student Section

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Referred To: Reference Committee D

House Action:

Whereas, sexual activity is commonplace amongst residents of senior living facilities, and

Whereas, the engagement in sexual activity in late life is a core aspect of identity and is associated with decreased tension, improved mental health, and increased affirmation of one's body, its functioning, and security, and

Whereas, the incidence of HIV/AIDS is faster growing amongst people over the age of 50 than in any other age group; the prevalence of sexually transmitted infections (STIs) such as syphilis, gonorrhea, and chlamydia has been increasing amongst seniors, and the prevalence of HIV has been increasing amongst senior living facility residents, and

Whereas, the population of U.S. citizens aged 65 years and older was 38,613,000 as of the 2010 U.S. Census and is expected to increase to more than 73,000,000 citizens by the time of the 2020 U.S. Census, suggesting an increase in the number of at risk-individuals in senior living facilities, and

Whereas, condom usage amongst seniors is low – reported in one study of self-reported sexually active seniors as only 20 percent of men and 24 percent of women used a condom in their most recent sexual encounter, and

Whereas, poor communication with health-care professionals contributes to lower levels of counseling and education about sexual risk - reported in one study as 90 percent of seniors not receiving information about HIV/AIDS and 80 percent not receiving education about STIs, and

Whereas, California State University Los Angeles and USC found that knowledge of STIs and availability of sex education for seniors is limited, but perceived as important to this community, and

Whereas, MSMS already recognizes sexual education should be complementary at all school levels as a comprehensive sexual education program including condom usage, and that such programs be supported by public funding, and

Whereas, the American Medical Association (AMA) opposes abstinence only education and supports the integration of dating violence prevention, conversations about consent, and the

development of evidence-based, best practices curricula for sexual education produced by physicians and other interested parties, and

Whereas, the AMA supports that state and local agencies should include comprehensive health education with standards for sex education and sexual responsibility, taught by qualified and competent instructors; therefore be it

RESOLVED: That MSMS work with the Michigan Department of Health and Human Services Office of Services to the Aging to support an assessment of the availability of educational programs focused on sexual health of seniors in senior living communities; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to support the utilization of current evidence-based research of literature and policy for the implementation of sexual education programs for residents in senior living communities specifically.

WAYS AND MEANS COMMITTEE FISCAL NOTE: $2,000-$4,000 for collaborative outreach efforts.

Relevant MSMS Policy:

Define 'Medically Accurate' in Sex Education Program Requirements
MSMS supports "medically accurate" information in sex education programs to be defined as information that satisfies all of the following:
1. Relevant to informed decision-making based on the weight of scientific evidence.
2. Consistent with generally recognized scientific theory, conducted under accepted scientific methods.
3. Published in peer-reviewed journals with findings replicated by subsequent studies.
4. Recognized as accurate and objective information by mainstream professional organizations such as AMA, American College of Obstetricians and Gynecologists, American Public Health Association, and American Academy of Pediatrics; government agencies such as Center for Disease Control, Food and Drug Administration, and National Institutes of Health; and, scientific advisory groups such as the Institute of Medicine and the Advisory Committee on Immunization Practices.

Statement on Sex Education
Public schools should be required to teach medically accurate, age appropriate, comprehensive sex education at all school levels with the option for parental opt out. Sex education programs should 1) be part of an overall health education program; 2) be presented in a manner commensurate with the maturation level of the students; 3) include age-appropriate training on how to give and withhold consent (based on the definition of consent as the unambiguous and voluntary agreement between all participants in each physical act within the course of interpersonal relationships, including respect for personal boundaries); 4) have professionally developed curricula; 5) include ample opportunities to involve parents and other concerned members of the community; and 6) utilize classroom teachers and other professionals who have shown an aptitude for working with young people and who have received special training.

Educational Activities Addressing Needs of the Elderly
MSMS supports, through existing MSMS committees and programs, educational activities addressing the special medical, social and economic needs of the elderly.

Relevant AMA Policy:

A Guide for Best Health Practices for Seniors Living in Retirement Communities H-25.987

Our AMA, in collaboration with other interested parties, such as the public health community, geriatric specialties, and organizations working to advocate for seniors, will create a repository of available resources for physicians to guide healthy practices for seniors who reside in independent living communities.

Senior Care H-25.993
Our AMA supports accelerating its ongoing efforts to work responsibly with Congress, senior citizen groups, and other interested parties to address the health care needs of seniors. These efforts should address but not be limited to: (1) multiple hospital admissions in a single calendar year; (2) long-term care; (3) hospice and home health care; and (4) pharmaceutical costs.

Health Information and Education H-170.986
(1) Individuals should seek out and act upon information that promotes appropriate use of the health care system and that promotes a healthy lifestyle for themselves, their families and others for whom they are responsible. Individuals should seek informed opinions from health care professionals regarding health information delivered by the mass media self-help and mutual aid groups are important components of health promotion/disease and injury prevention, and their development and maintenance should be promoted.
(2) Employers should provide and employees should participate in programs on health awareness, safety and the use of health care benefit packages.
(3) Employers should provide a safe workplace and should contribute to a safe community environment. Further, they should promptly inform employees and the community when they know that hazardous substances are being used or produced at the worksite.
(4) Government, business and industry should cooperatively develop effective worksite programs for health promotion and disease and injury prevention, with special emphasis on substance abuse.
(5) Federal and state governments should provide funds and allocate resources for health promotion and disease and injury prevention activities.
(6) Public and private agencies should increase their efforts to identify and curtail false and misleading information on health and health care.
(7) Health care professionals and providers should provide information on disease processes, healthy lifestyles and the use of the health care delivery system to their patients and to the local community.
(8) Information on health and health care should be presented in an accurate and objective manner.
(9) Educational programs for health professionals at all levels should incorporate an appropriate emphasis on health promotion/disease and injury prevention and patient education in their curricula.
(10) Third party payers should provide options in benefit plans that enable employers and individuals to select plans that encourage healthy lifestyles and are most appropriate for their particular needs. They should also continue to develop and disseminate information on the appropriate utilization of health care services for the plans they market.
(11) State and local educational agencies should incorporate comprehensive health education programs into their curricula, with minimum standards for sex education, sexual responsibility, and substance abuse education. Teachers should be qualified and competent to instruct in health education programs.
(12) Private organizations should continue to support health promotion/disease and injury prevention activities by coordinating these activities, adequately funding them, and increasing public awareness of such services.
(13) Basic information is needed about those channels of communication used by the public to gather health information. Studies should be conducted on how well research news is disseminated by the media to the public. Evaluation should be undertaken to determine the effectiveness of health information and education efforts. When available, the results of evaluation studies should guide the selection of health education programs.

Sexuality Education, Sexual Violence Prevention, Abstinence, and Distribution of Condoms in Schools H-170.968
(1) Recognizes that the primary responsibility for family life education is in the home, and additionally supports the concept of a complementary family life and sexuality education program in the schools at all levels, at local option and direction;

(2) Urges schools at all education levels to implement comprehensive, developmentally appropriate sexuality education programs that: (a) are based on rigorous, peer reviewed science; (b) incorporate sexual violence prevention; (c) show promise for delaying the onset of sexual activity and a reduction in sexual behavior that puts adolescents at risk for contracting human immunodeficiency virus (HIV) and other sexually transmitted diseases and for becoming pregnant; (d) include an integrated strategy for making condoms available to students and for providing both factual information and skill-building related to reproductive biology, sexual abstinence, sexual responsibility, contraceptives including condoms, alternatives in birth control, and other issues aimed at prevention of pregnancy and sexual transmission of diseases; (e) utilize classroom teachers and other professionals who have shown an aptitude for working with young people and who have received special training that includes addressing the needs of gay, lesbian, and bisexual youth; (f) appropriately and comprehensively address the sexual behavior of all people, inclusive of sexual and gender minorities; (g) include ample involvement of parents, health professionals, and other concerned members of the community in the development of the program; (h) are part of an overall health education program; and (i) include culturally competent materials that are language-appropriate for Limited English Proficiency (LEP) pupils;
(3) Continues to monitor future research findings related to emerging initiatives that include abstinence-only, school-based sexuality education, and consent communication to prevent dating violence while promoting healthy relationships, and school-based condom availability programs that address sexually transmitted diseases and pregnancy prevention for young people and report back to the House of Delegates as appropriate;
(4) Will work with the United States Surgeon General to design programs that address communities of color and youth in high risk situations within the context of a comprehensive school health education program;
(5) Opposes the sole use of abstinence-only education, as defined by the 1996 Temporary Assistance to Needy Families Act (P.L. 104-193), within school systems;
(6) Endorses comprehensive family life education in lieu of abstinence-only education, unless research shows abstinence-only education to be superior in preventing negative health outcomes;
(7) Supports federal funding of comprehensive sex education programs that stress the importance of abstinence in preventing unwanted teenage pregnancy and sexually transmitted infections, and also teach about contraceptive choices and safer sex, and opposes federal funding of community-based programs that do not show evidence-based benefits; and
(8) Extends its support of comprehensive family-life education to community-based programs promoting abstinence as the best method to prevent teenage pregnancy and sexually-transmitted diseases while also discussing the roles of condoms and birth control, as endorsed for school systems in this policy;
(9) Supports the development of sexual education curriculum that integrates dating violence prevention through lessons on healthy relationships, sexual health, and conversations about consent; and
(10) Encourages physicians and all interested parties to develop best-practice, evidence-based, guidelines for sexual education curricula that are developmentally appropriate as well as medically, factually, and technically accurate.

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