

August 25<sup>th</sup>, 2023

Kristen McKinnon  
Board Chair  
Department of Elementary and Secondary Education (DESE)  
75 Pleasant Street  
Malden, MA 02131

**RE: Strong support for the Proposed Massachusetts Curriculum Framework for Comprehensive Health and Physical Education (CHPE)**

<https://www.doe.mass.edu/frameworks/health/2023-07-health-draft.pdf>

Submitted electronically

- via <https://survey.alchemer.com/s3/6646350/Comprehensive-Health-and-Physical-Education-Framework-Public-Comment>
- via email [chpef@mass.gov](mailto:chpef@mass.gov)

Dear Chair McKinnon and members of the Board of Elementary and Secondary Education,

Fenway Health wishes to express strong support for the Proposed Massachusetts Curriculum Framework for Comprehensive Health and Physical Education (CHPE). We are especially supportive of the presence of sexual orientation and gender identity (SOGI) content throughout, addressed in an age-appropriate manner. We strongly encourage DESE to preserve the elements of the framework that include SOGI content.

Fenway Health is a federally qualified health center and Ryan White Part C HIV clinic in Boston, MA that serves 35,000 unique patients each year. Half of our patients are lesbian, gay, bisexual, transgender, queer, intersex, asexual, or another identity (LGBTQIA+), and about 5400 are transgender and nonbinary. About 2,300 of our patients are people living with HIV, and we have more than 3,500 patients currently taking pre-exposure prophylaxis (PrEP) for HIV prevention.

Our Youth on Fire Program is a drop-in center for homeless and street-involved youth, ages 14-24, located in Harvard Square, Cambridge. The program has served over 3,000 young people since opening its doors in 2000. The program's primary goal is responding to the basic, urgent needs of young people at the highest risk of communicable disease. Staff connect clients with on-site behavioral healthcare, medical care, and partner with other organizations to address short and long-term

effects of youth homelessness. Example of these services are hot meals, showers, laundry, lockers, phones, computers, HIV/STI/viral hepatitis screening, housing search programs, and support in navigating health insurance and healthcare referrals. Youth on Fire serves over 200 young adults annually.

Our Sidney Borum Health Center is a program of Fenway Health that provides safe, non-judgmental care for young people ages 12–29 who may not feel comfortable going anywhere else. The Borum serves young people who identify as LGBTQIA+, are HIV positive or at risk, are uninsured, are living on the streets or are gang-involved. The Borum provides medical care, behavioral healthcare, women’s health services, transgender health services, health insurance enrollment, birth control & emergency contraception, HIV/STI testing, counseling & treatment, and sports physicals.

Gender affirming care for transgender and gender diverse youth at Fenway Health is managed through family medicine primary care teams. Patients and their parents or guardians work together with medical and behavioral health care providers to develop a treatment plan centered on gender goals, based on age, developmental history, medical, and mental health conditions. We are family centered in every aspect of our assessments and interactions. We support family-based decision making at every step. We use a developmental approach to care, meaning that our assessment and approach to medical recommendations are based on where each child is in their pubertal, cognitive, and social areas of maturation. We work in interdisciplinary teams, sharing the expertise of medical and behavioral health providers in developing a patient-focused treatment plan. We practice a holistic, patient-centered model of care which recognizes that our patients each have unique needs and stresses within their family, school, institutions, the public and the world. Our medical recommendations are driven by evidence, research, expert opinion, and experience.

Fenway Health advocates for issues that align with its mission to serve the LGBTQIA+ community, those living with HIV/AIDS, and those who are vulnerable to health care access inequities. Health care inequity is a social justice issue that impacts Black, Indigenous, People of Color (BIPOC) communities, people who are LGBTQIA+, people who inject drugs, people experiencing homelessness, and other marginalized communities. We are committed to breaking down barriers and working towards the principle that healthcare is a right, not a privilege.

We believe this right extends to education and the rights of young people to access information that keeps them healthy. Young people in Massachusetts have a right to comprehensive and inclusive education, a right to information that keeps them safe, and a right to be seen and heard as their authentic selves. We thank DESE and the teams of contributors to this updated draft of the frameworks for sending a message of support to young people and their families.

We are pleased to see acknowledgement of the importance of an affirming environment and the benefits to the mental health of all students when this is achieved. Guiding Principle 8, outlined on page 11, states that “[e]ffective Comprehensive Health and Physical Education programs require a school-wide culture that promotes equity, health and well-being, integration and collaboration among educational leaders and health professionals.” A 2021 study showed that clear and specific policies are a critical and effective tool for creating safe and supportive schools for LGBTQ and all youth<sup>1</sup> in a number of ways:

*Enumerated policies can be protective for students in a number of ways: they provide school educators and administrators with implementation guidance for anti-bullying policies and practices, signal to school communities that LGBTQ-based discrimination will not be tolerated, and provide students with a clear understanding of their rights to safety at school.*

Young people with comprehensive education and access to information display better health outcomes over their lifetimes.<sup>2</sup> We are glad to see this upheld in the Practices for Comprehensive Health and Physical Education on page 12, with the goal of improved “health outcomes through the development of self-efficacy, health literacy, and physical literacy.” It is essential that LGBTQIA+ students’ needs are included in this goal so that they have the information and confidence to be an active participant in their healthcare, are able to advocate for themselves, and can overcome barriers that frequently occur in a healthcare setting due to discrimination and medical mistrust.

We are also very supportive of the inclusion of content in all age groups around consent and healthy boundaries. Large abstract concepts are difficult for very

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<sup>1</sup>Russell S, Bishop M, Saba V, James I, Ioverno S. Promoting School Safety for LGBTQ and All Students, 2021. Policy Insights from the Behavioral and Brain Sciences; 8 (2): 160-166.

<http://journals.sagepub.com/doi/10.1177/23727322211031938>

<sup>2</sup>Goldfarb E, Lieberman L. Three Decades of Research: The Case for Comprehensive Sex Education, 2021. Journal of Adolescent Health; 68 (1): 13-27. <https://linkinghub.elsevier.com/retrieve/pii/S1054139X20304560>

young students to grasp. Introducing complex topics in small increments, beginning at a young age, makes them much more manageable once students reach an age when they may experience challenges in their own lives. This goes hand in hand with building health literacy over time. We appreciate the acknowledgement that education about consent, boundaries, and healthy relationships can begin early and simply cover a young person's right to decline a hug. These simple illustrations of asserting boundaries around personal space are the foundation for larger concepts and provide a strong base for understanding more complex issues later in life.

The Human Rights Campaign compiled findings from The Williams Institute that show “gay men and bisexual women are more likely to experience severe physical violence than their straight counterparts, including being beaten, burned or choked.”<sup>3</sup> The Violence Recovery Program at Fenway Health exists to provide services to survivors of violence, to provide information and support to friends, family, and partners of survivors and to raise awareness of how interpersonal violence affects LGBTQ communities. Our staff support clients who have experienced intimate partner violence that could have been prevented if curricula covering these topics had been available. We thank DESE for including this important concept throughout the proposed framework.

The inclusion of SOGI at every age level of the proposed framework sends a message to LGBTQIA+ youth, families, and the whole community that we are seen, our education and health are important, and that the state is invested in our health and well-being. When health and sex education curriculum is grounded in science, and when it is comprehensive and age appropriate, it leads to better health outcomes throughout adult life. This detailed framework supports educators who need guidance in providing an affirming environment and will lay the foundation for inclusive content for LGBTQIA+ students. At a time when young people are facing a mental health crisis, especially transgender and gender diverse (TGD) young people, this framework is an essential basis to address their needs.

We offer constructive feedback in four areas:

## **HIV Prevention**

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<sup>3</sup> Human Rights Campaign. Published October 18, 2017. Accessed 8/10/23. <https://www.hrc.org/news/common-myths-about-lgbtq-domestic-violence>

Since the frameworks' last update in 1999, the field of HIV/AIDS prevention has been transformed. This is due in large part to scientific advancements in the treatment and prevention of HIV through Antiretroviral therapy (ART). ART prevents the transmission of HIV by suppressing HIV replication in persons living with the virus. This benefit of ART is also defined as “undetectable equals untransmittable” or U=U. This means that people who are HIV positive and adhering to their treatment plan achieve an undetectable viral load and cannot transmit the virus.

The development and use of ART led to PrEP (pre-exposure prophylaxis), the use of antiretroviral medications to prevent HIV infection. When taken as prescribed, PrEP is highly effective for preventing HIV; it reduces the risk of getting HIV from sex by more than 95%. While the safety and efficacy profile of PrEP had been well established for several years, in May 2018 the FDA expanded the indication for PrEP for use by adolescents, making it the first agent indicated for prevention of HIV in at-risk adolescents.

Barriers to care are more frequently faced by the most vulnerable in our communities. LGBTQ youth who do not have access to safe parental consent, because their guardians are no longer caring for them, or because they are at risk of violence, are among the most vulnerable. For young adults at risk for HIV, PrEP is necessary healthcare. Massachusetts Department of Public Health estimates that only a fraction of those at risk for HIV have accessed PrEP, and 15% of new HIV diagnoses occur among young people ages 14-24 years old; these youth are disproportionately Black and Latinx.

We recommend the addition of information on PrEP in all areas of the framework that cover HIV prevention. This revolutionary tool is widely underutilized and could play a much larger role in HIV prevention among young people. Please consider its inclusion in the final version of the framework. Doing so is in alignment with Practice 1 and 2 which cover decision-making and self-management: being able to identify when assistance is needed, evaluate risks, and prevent injury and disease.

### **Establish firm policies for an affirming environment**

At several points in the framework, policies to develop and maintain an affirming environment are mentioned. We appreciate the recognition that this is a critical piece of supporting the mental health of not just LGBTQIA+ students but ALL students. We urge DESE to strengthen that language, particularly on page 37,

under Practice 7, Gender, Sexual Orientation, and Sexual Health [6.7.GS], point #2:

*Encourage others to refrain from teasing or bullying others based on their sexuality (e.g., sexual activity [including abstinence], sexual orientation) or gender (e.g., gender expression, gender identity).*

The need for an affirming environment requires more than just encouragement and we suggest stronger language to establish firm policies around bullying:

*Establish firm and clear policies on teasing or bullying others based on their sexuality (e.g., sexual activity [including abstinence], sexual orientation) or gender (e.g., gender expression, gender identity).*

A 2016 American Psychological Association study on the efficacy of firm policies concluded that,

*LGBT students in school districts with anti-bullying policies that specifically state protections for students based on their sexual orientation and/or gender identity/expression report greater safety and less victimization than LGBT students in districts with generic anti-bullying policies<sup>4</sup>*

All students and teachers do better when these clear policies are in place, protecting educational spaces from bullying and harassment.

## **Sex Trafficking**

The Frameworks contain seven mentions of “sex trafficking” (in the 6th and 9th grade). When used interchangeably with “prostitution,” “sexual exploitation,” or “kidnapping” it diminishes the actual exploitation of minors. We ask that the authors of the frameworks analyze the sources of the request for the current language and not capitulate to propaganda. This viewpoint drastically increases the stigma and criminalization of adult consensual sex work, which harms the already marginalized. Using these terms interchangeably both denies and further stigmatizes adult consensual sex workers and closes off avenues for providing them safety, support, and access to healthcare.

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<sup>4</sup> Kull, R. M., Greytak, E. A., Kosciw, J. G., & Villenas, C. (2016). Effectiveness of school district antibullying policies in improving LGBT youths' school climate. *Psychology of Sexual Orientation and Gender Diversity*, 3(4), 407–415. <https://doi.org/10.1037/sgd0000196>



The profound human suffering that occurs in the world of sex trafficking should not be diminished. Categorizing it with adult consensual sex work does exactly that: diminishes the extent of true exploitation that the most vulnerable in our communities suffer. Sexual *exploitation* is something that students should be learning about and should learn how to identify, through building knowledge gradually about consent, boundaries, and healthy relationships.

## **Inclusion of Intersex People**

We strongly recommend all instances and mention of sexual orientation and gender identity also include information on intersex people. Intersex is neither a sexual orientation nor a gender identity and therefore is not covered by the current language. This is a critical opportunity to build understanding and provide intersex young people with the information they need to better understand themselves.

In 2020, The Fenway Institute’s National LGBT Health Education Center published a guide, “Affirming Primary Care for Intersex People.” It states that we, Fenway Health, “have come to recognize the imperative to more actively include the health of intersex people in our mission and training programs. Therefore, all of our programs now use the acronym LGBTQIA+, which refers to lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexual and gender minority people.”<sup>5</sup>

Intersex is an umbrella term that refers to those with a wide range of natural variation in sex characteristics and development that falls outside traditional conceptions of female or male. Although biological sex has traditionally been seen as binary (female or male) in many cultures, the reality is more complex. Variations may occur in the chromosomes, external genitalia, gonads (testes or ovaries), hormone production, hormone responsiveness, internal reproductive organs, or any combination of these, among others.<sup>6</sup>

Intersex refers to the nearly two percent of the population with a natural variation in sex characteristics that falls outside traditional conceptions of female or male bodies. Some, but not all, intersex people identify as part of the LGBTQIA+ community. Many intersex people have experienced trauma from medical

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<sup>5</sup> National LGBTQIA+ Health Education Center, The Fenway Institute, Fenway Health. Affirming Primary Care for Intersex People; 2020

<sup>6</sup> InterACT Advocates, Lambda Legal. Providing Ethical and Compassionate Health Care to Intersex Patients: Intersex-Affirming Hospital Policies; 2018.

interventions, including surgeries and repeated genital exams performed on them as children without their consent or even knowledge of their own variation.

Providing affirming and compassionate information about intersex people through the frameworks is an opportunity to dispel stigma and empower intersex young people to learn more about themselves, their health, and their rights.

We strongly support the proposed frameworks and recommend that DESE move forward with its implementation. Should you have any questions, please contact Carrie Richgels, Manager of Policy and Advocacy, at [crichgels@fenwayhealth.org](mailto:crichgels@fenwayhealth.org). Thank you for considering this comment.

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