

2008-09 Healthy Youth Act Profiles Report

**Report to the Legislature
(RCW 28A.300.475)**



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Executive Summary

This report provides information regarding the sexual health education curricula that school districts throughout Washington State used during the 2008-09 school year at the high school, middle school, and junior/senior high school levels. It also shares information about how these curricula align with the “2005 Guidelines for Sexual Health Information and Disease Prevention” (Guidelines). This Executive Summary highlights legislation critical to this project and high-level survey results.

With the passage of the Healthy Youth Act (RCW 28A.300.475), the Legislature directed the Office of Superintendent of Public Instruction (OSPI) to consult with the Department of Health (DOH) to develop a list of sexual health education curricula that are consistent with the “2005 Guidelines for Sexual Health Information and Disease Prevention” and that are medically and scientifically accurate.

In spring 2008 and 2009, OSPI conducted an alignment review of sexual health education curriculum that are used throughout Washington State and issued two sexual health education curriculum review reports that contain findings from the reviews. The reports are available online at: <http://www.k12.wa.us/CurriculumInstruct/InstructionalMaterialsReviewSexualityEducation.aspx>. In addition, in 2009, OSPI developed a comparison report that brought together the OSPI alignment review results together with the results from DOH’s review of sexual health curricula for medical and scientific accuracy as required by the Healthy Youth Act. The reports are intended to serve as a resource for schools and school districts, teachers, and other organizations or community groups that provide sexual health education to school-age youth.

RCW 28A.300.475 (Medically accurate sexual health education) also directed OSPI to utilize the “Washington State School Profiles Survey” (Profiles) to identify curricula used to provide sexual health education in Washington public schools and to report the results of this inquiry to the Legislature on a biennial basis, beginning with the 2008-09 school year. Collection of the necessary data occurred via one statewide survey during the 2008-09 school year that was administered in a collaborative effort between OSPI, DOH, and the Centers for Disease Control and Prevention (CDC).

Profiles is a system of surveys that assess school health policies and programs in states and large urban school districts. Profiles provides a nationwide snapshot of health-related policies and programs across the country and consists of two questionnaires—one for school principals and one for lead health education teachers. DOH administers the survey, mailing questionnaires to schools in the spring on a biennial basis. The questions were developed by the Division of Adolescent and School Health (DASH), the National Center for Chronic Disease Prevention and Health Promotion, and CDC in collaboration with representatives of state, local, and territorial departments of health and

education. The 2008 Washington State administration included a separate Part II Questionnaire for lead health teachers. This first-time supplement to the main survey consisted of seven questions developed collaboratively by DOH and OSPI. These questions were designed to assess district implementation of the Healthy Youth Act and to fulfill legislative requirements.

Results

Data was collected from school districts on which sexual health education curricula are currently used (as of the 2008-09 school year) throughout the state at the elementary, middle, and high school levels. Data on curriculum usage was collected from 200 schools representing 190 school districts (64 percent of the state's 295 districts). The districts that responded represented 92 percent of the statewide student population.

Note: The anonymity of survey results does not allow us to determine which level(s) (junior/senior high, middle school, or high school) a given district or school building reported on, nor does it disclose how many schools within a given district responded.

Junior/Senior High School Level

(Includes a low grade of eight or less and a high grade of ten or higher.)

Most frequently used curricula: Of the 19 schools that responded from this level, the three curricula that are used with the majority (90%) of the state's student population are:

- 1) *KNOW HIV/STD Prevention* (53% of respondents = 10 schools).
- 2) *Healthy Relationships and Sexuality* (21% of respondents = 4 schools).
- 3) *Human Sexuality* and *Get Real About AIDS*—tied for usage (16% of respondents = 3 schools).

Middle School Level

(Includes a high grade of nine or lower.)

Most frequently used curricula: Of the 96 schools that responded from this level, the three curricula that are used with the majority (89%) of the state's student population are:

- 1) *KNOW HIV/STD Prevention* (53% of respondents = 51 schools).
- 2) *Other* (23% of respondents = 22 schools).
- 3) *Human Sexuality* (13% of respondents = 12 schools).

High School Level

(Includes a low grade of nine or higher and a high grade of ten or higher.)

Most frequently used curricula: Of the 85 school buildings that responded from this level, the three curricula that are used with the majority (121%*) of the state's student population are:

- 1) *KNOW HIV/STD Prevention* (61% of respondents = 52 schools).
- 2) *Other* (32% of respondents = 27 schools).
- 3) *Human Sexuality* (28% of respondents = 24 schools).

* The percentage exceeds 100 due to the fact that some districts reported use of more than one curriculum.

All Grade Levels Combined

Most frequently used curricula: Of the 200 schools that responded from all levels, the three curricula that are used with the majority of the state's student population are:

- 1) *KNOW HIV/STD Prevention* (57% of respondents = 114 schools).
- 2) *Teen Health* (30% of respondents = 60 schools).
- 3) *Health: A Guide to Wellness* (24% of respondents = 48 schools).

Recommendations

As stated in the Healthy Youth Act, a sexual health education program in the state of Washington must encompass a broad array of topics. It must go beyond one area of sexual health education to provide a comprehensive education that equips students with the knowledge and skills necessary to make healthy decisions throughout life. Although curricula materials are key for effective sexual health education programs, it is important to note that **comprehensive** sexual health education programs are most successful when other factors are included in contributing to their success. Those factors include the quality and scope and sequence of instruction over time, parent involvement, supplemental sexual health materials, district and community resources/partnerships, and a myriad of other aspects.

Based on the information learned as a result of the curricula usage data collected by the 2008-09 Profiles survey and through collaboration with school districts and sexual health education providers throughout the state, the following recommendations should be considered by OSPI, DOH, state sexual health education stakeholders, and state policy makers in supporting strong and consistent implementation of sexual health education in Washington State:

1. **Training and Technical Assistance:** OSPI, in collaboration with DOH and statewide sexual health education partners, should continue to provide technical assistance to districts (administrators, curriculum committees, etc.), schools, and teachers regarding proper implementation of the Healthy Youth Act. One component of this support might include developing a “suggested scope and sequence” document that could assist districts in determining when and where sexual health education fits into their broader health curriculum.
2. **Resources:** OSPI, in collaboration with DOH and other statewide sexual health education partners, should develop and provide resources and tools that can support districts in reviewing their curricula materials and program components for alignment with the “2005 Guidelines for Sexual Health Information and Disease Prevention,” as well as for medical and scientific accuracy.
3. **Curricula Development/Enhancement:** OSPI, in collaboration with stakeholders, an outside consultant and/or a curriculum publisher, should develop a process to either create a model curriculum for sexual health education spanning Grades 4–12, or to develop a process to work with publishers of sexual health education programs for bringing their materials into closer alignment with the “2005 Guidelines for Sexual Health Information and Disease Prevention.”

All three recommendations are directly linked to current state sexual health education work funded by CDC through a cooperative agreement, *Improving Health and Educational Outcomes of Young People* (2008–2013). Funding from this cooperative agreement is likely to continue state efforts in this area.

I. Introduction

Washington State's public schools are charged with preparing students to be successful citizens in the 21st Century. Sexual health education is a valuable part of this education because it teaches students valuable life skills that extend well beyond the classroom years. Research¹ shows that students who receive comprehensive sexual health education, when compared to their peers that do not receive this education, are more likely to delay initiation of intercourse, use condoms when they do have intercourse, and have fewer sexual partners over the course of their lifetimes. Students need access to medically and scientifically accurate information in order to make decisions that are in their best interests.

With the passage of innovative legislation during the 2007 session (RCW 28A.300.475), the state of Washington became one of just a few other states requiring districts that choose to teach sexual health education to do so in a way that is medically and scientifically accurate. RCW 28A.300.475, commonly referred to as the Healthy Youth Act, also stipulates that instruction should be appropriate for students regardless of age, gender, race, sexual orientation, or disability status, which is consistent with the "2005 Guidelines for Sexual Health Information and Disease Prevention" (Guidelines) and should not teach about abstinence to the exclusion of instruction on contraceptives and disease prevention. **Research in the field of sexual health education refers to this as comprehensive sexual health education.**

Also as part of the Healthy Youth Act, the state Legislature directed the Office of Superintendent of Public Instruction (OSPI) to consult with the Department of Health (DOH) to develop a list of sexual health education curricula that are consistent with the "2005 Guidelines for Sexual Health Information and Disease Prevention" and are medically and scientifically accurate.

In spring 2008 and 2009, OSPI conducted an alignment review of sexual health education curriculum that are used throughout Washington State and issued two sexual health education curriculum review reports available online at: <http://www.k12.wa.us/CurriculumInstruct/InstructionalMaterialsReviewSexualityEducation.aspx> that contain findings from the reviews. Additionally in 2009, OSPI developed a comparison report that brought together the OSPI alignment review results together with the results from DOH's review of sexual health curricula for medical and scientific accuracy as required by the Healthy Youth Act. The reports are intended to serve as a resource for schools and school districts, teachers, and other organizations or community groups that provide sexual health education to school-age youth.

RCW 28A.300.475 (Medically accurate sexual health education) also directed OSPI to utilize the "Washington State School Profiles" (Profiles) survey to identify curricula used to provide sexual health education in Washington public schools

¹ Kirby, D. (2007). *Emerging Answers 2007: Researching Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy.

and to report the results of this inquiry to the Legislature on a biennial basis, beginning with the 2008-09 school year. Collection of the necessary data occurred via one statewide survey during the 2008-09 school year that was administered in a collaborative effort between OSPI, DOH, and CDC.

This report includes a brief history of the passage of the Healthy Youth Act, followed by data collected during the first year of implementation of the law. The conclusion includes a discussion of the implications of the data, followed by recommendations for its practical use.

II. History of the Healthy Youth Act

In 2005, after a bipartisan request from 41 state legislators, OSPI and the DOH collaborated to create the “2005 Guidelines for Sexual Health Information and Disease Prevention.” The Guidelines were created to provide a framework for sexual health education occurring in Washington State. At the time they were created, the Guidelines were offered to districts on a voluntary basis with the goal of bringing consistency to sexual health education offerings throughout the state. The 2007 Healthy Youth Act builds on the work done by OSPI and DOH by requiring districts that offer sexual health education to do so in a manner that is consistent with the Guidelines, in addition to the other requirements outlined above.

III. Data Collection Process

Profiles is a system of surveys assessing school health policies and programs in states and large urban school districts.² It provides a nationwide snapshot of health-related policies and programs across the country. The system consists of two questionnaires: one for school principals and one for lead health education teachers. DOH administers the survey, mailing questionnaires to schools on a biennial basis. The questions were developed by the Division of Adolescent and School Health (DASH), National Center for Chronic Disease Prevention and Health Promotion, and the CDC in collaboration with representatives of state, local, and territorial departments of health and education.

Profiles monitors the current status of the following:

- School health education requirements and content.
- Physical education requirements.
- Health services.
- Nutrition-related policies and practices.
- Family and community involvement in school health programs.
- School health policies on HIV and AIDS prevention, tobacco-use prevention, violence prevention, and physical activity.
- Professional preparation and staff development for lead health education teachers.

² School Health Profiles 2008: Characteristics of Health Programs Among Secondary Schools. [pdf 4.3MB] Atlanta, GA: Centers for Disease Control and Prevention, 2009, August 20, 2009<<http://www.cdc.gov/HealthyYouth/profiles/brief.htm>>

In the spring of 2008, Profiles was mailed to 429 secondary public schools in all 295 districts in the state of Washington. A school is considered secondary if it includes any grade 6–12. The 2008 administration of Profiles in Washington State yielded a usable response rate of 74 percent from principals and 70 percent from teachers. Because the response rates met or exceeded 70 percent, the results were weighted and deemed representative of all public secondary schools in Washington State.³

In addition to the standard Profiles questionnaires, the 2008 Washington State administration included a separate “Part II Questionnaire” for lead health teachers. This first-time supplement to the main survey consisted of seven questions developed by DOH and OSPI. These questions were designed to assess district implementation of the Healthy Youth Act and to fulfill legislative requirements. See Appendix G for a complete list of Part II questions and responses. To satisfy the requirement for this report, information from only one of these questions was considered: Question 6.

IV. Survey Findings

Two hundred out of 429 possible school buildings, representing 190 school districts responded to the “Part II Questionnaire.” Of the districts that responded, 175 of them reported teaching sexual health education. Question 6 reads:

“During this school year, did teachers or other presenters in this school teach any sexuality education curricula for students in any of Grades 6 through 12? (Check all that apply.)”

A list of 18 curricula was provided, reflecting some of the titles included in the first OSPI sexual health education curriculum review, along with other titles generated from a stakeholder meeting (Table 1.1) to represent known curricula used throughout the state. The boxes below contain the three most frequently used sexual health education curricula at each of the three grade levels, as well as the grade levels combined. Districts were provided a list of 18 curricula to choose from and were also given two additional response areas to write in the name/s of other curricula not listed. (See Appendix F.)

³ Washington 2008 School Health Profiles Report: Background and Summary Results, Centers for Disease Control and Prevention, 2008.

Junior/Senior High School Level

(Includes a low grade of eight or less, and a high grade of ten or higher.)

Most frequently used curricula: Of the 19 schools that responded from this level, the three curricula that are used with the majority (90%) of the state's student population are:

- 1) *KNOW HIV/STD Prevention* (53% of respondents = 10 schools).
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- 3) *Human Sexuality and Get Real About AIDS*— tied for usage (16% of respondents = 3 schools).

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Most frequently used curricula: Of the 96 schools that responded from this level, the three curricula that are used with the majority (89%) of the state's student population are:

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High School Level

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Most frequently used curricula: Of the 85 school buildings that responded from this level, the three curricula that are used with the majority (121%*) of the state's student population are:

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* The percentage exceeds 100 due to the fact that some districts reported use of more than one curriculum.

All Levels Combined

Most frequently used curricula: Of the 200 schools that responded from all levels, the three curricula that are used with the majority of the state's student population are:

- 1) *KNOW: HIV/STD Prevention* (57% of respondents = 114 schools).
- 2) *Teen Health* (30% of respondents = 60 schools).
- 3) *Health: A Guide to Wellness* (24% of respondents = 48 schools).

Out of each level of the three most frequently used curricula lists, three of the five curricula listed were deemed medically and scientifically accurate by the DOH review and analyzed as part of OSPI's 2008 curriculum review for alignment with the Guidelines. The dashboard tables used in this report (1.2–1.4) are also contained in the amended “2009 Sexual Health Education Curriculum Review Report” and are intended to provide districts with the information necessary to fulfill all of the Guidelines.

The curricula are as follows:

- *KNOW: HIV/STD Prevention (KNOW)*
- *Healthy Relationships & Sexuality*
- *Human Sexuality*

1. **KNOW:** Tables 1.2–1.4 indicate that the *KNOW* curriculum, which spans all grade levels, is not in full alignment with the Guidelines at the elementary and high school levels. Specifically, *KNOW 5/6* requires supplementation for Guidelines 4.2, 5.2, and 5.4, in order to meet the state standard of a score of two or higher for each guideline (see Appendix E to view the Guidelines).

KNOW for High School requires supplementation for Guidelines 2.3, 2.4, 3.2, 3.5, 4.2, and 5.4. NOTE: The *KNOW* curriculum was originally developed by OSPI as an HIV/AIDS prevention curriculum in response to the AIDS Omnibus Act (RCW 28A.230.070); it is not a comprehensive sexual health education curriculum, explaining the omission of instruction related to the above Guidelines. While HIV/AIDS is certainly a component of sexual health education, it is only one component of a much larger subject area, as evidenced by the Guidelines.

It should be noted that the elementary version of *KNOW* is used by 53 percent of Junior/Senior high school respondents, despite the fact that it does not align strongly with three of the “Guidelines for Sexual Health Information and Disease Prevention.” It is not a comprehensive sexual health education curriculum, but is widely being used as such. It is important that children in the primary grades establish their sexual health education foundation by receiving relevant and comprehensive information that is age-appropriate. This developmental level is characterized by curiosity about the human body as well as increased awareness of social interactions. As students move to the higher elementary levels, peer pressure begins to play a role in the decision-making process. A heightened awareness of the physical and emotional changes that occur during puberty is also present.⁴

⁴ Neutens JJ, Drolet JC, DuShaw M, Jubb W, eds. *Sexuality Education Within Comprehensive School Health Education*. 2nd ed. Kent, OH: American School Health Association; 2003.

Students at the elementary level require answers to basic questions about the things they see around them as well as information about the changes that are occurring (or will soon be occurring) in their own bodies. In addition to this, students need structured opportunities to learn and practice interpersonal skills that translate to any of their life relationships, including those that are romantic.

Sixty-one percent of respondents at the high school level interpret the use of the *KNOW* curriculum to satisfy sexual health education requirements; although, it is not strongly aligned with six of the “2005 Guidelines for Sexual Health Information and Disease Prevention.” Adolescence is characterized by a growing need for independence, increased responsibility, profound peer-group influence, and the increased possibility of risk-taking behaviors, including sexual behavior.⁵ Young people at this stage of development require far more complex information about sexual decision making, abstinence, contraceptive use, communication, and other relationship skills. In addition, at this stage in their education, young people need instruction that assists them in contextualizing their learning beyond the classroom walls. As is the case with the elementary level, the *KNOW* curriculum at the high school level does not provide all of this content on its own.

2. ***Healthy Relationships & Sexuality:*** Tables 1.2–1.4 indicate that *Healthy Relationships & Sexuality* is not in full alignment with the Guidelines for its intended high school grade level. Specifically, it requires supplementation for Guidelines 1.1, 1.3, 1.4, and 3.6, in order to meet the state standard of a score of two or higher for each guideline. These Guidelines specifically relate to accessing accurate messages within the community, including the use of trusted adults.
3. ***Human Sexuality:*** Tables 1.2.–1.4 indicate that *Human Sexuality* is not in full alignment with the Guidelines for its intended high school grade level. Specifically, it requires supplementation for Guideline 1.4 in order to meet the state standard of a score of two or higher for each guideline. Guideline 1.4 deals with providing information on local resources for testing and medical care for sexually transmitted diseases (STDs) and pregnancy, a guideline that is particularly relevant to the approximately 45 percent of high school students who are sexually active.⁶

In the absence of empirical data for Washington State, it may be assumed that Washington State falls somewhere close, given the developmental

⁵ Normal Adolescent Development Part I. Washington, DC: American Academy of Child & Adolescent Psychiatry, 2009, August 21, 2009<http://www.aacap.org/cs/root/facts_for_families/normal_adolescent_development_part_i>

⁶ CDC. Youth Risk Behavior Surveillance—United States, 2007 [pdf 1m]. *Morbidity & Mortality Weekly Report* 2008;57(SS-4):1–131.)

similarities of teenagers regardless of geographic location. It should also be noted that in addition to the intended high school usage, *Human Sexuality* is also being used in some junior/senior high schools and middle schools. Therefore, the possibility does exist that schools could be using the curriculum at a grade level for which it is not intended, depending on the particular grade level that is receiving the curriculum.

Lastly, only one curriculum reviewed by OSPI and DOH, *Family Life and Sexual Health (F.L.A.S.H.)*, satisfied all of the guidelines for two levels. While it did not align with all of the guidelines at the middle school level, *F.L.A.S.H.* did align with the guidelines for Grades 4/5, 9/10, and 11/12. While it yielded a strong rating in the review, our data indicates that this curriculum is not used widely throughout the state.

V. Limitations of Survey Findings

The intention of the annual curriculum review is to assist districts in building a program that aligns all of the Guidelines to state standard. While many districts are utilizing curricula that were reviewed by OSPI for alignment with the 2005 Guidelines, data provided in the Profiles survey is limited in that it does not clearly draw out the exact makeup of each responding district's full program. In other words, it does not provide a clear picture of the combination of curricula that individual districts are piecing together (if that is the case) to meet the requirements of the law.

Survey data indicates that of the 175 districts that reported teaching sexual health education, 133 utilize more than one curriculum. The overwhelming majority of these curricula were not listed by name on the 2008 Profiles survey. Furthermore, the majority of schools that responded to the survey are using curricula that have not been assessed by OSPI for alignment with the Guidelines. Appendix F provides a list of "other" curricula used for sexual health education, as indicated by districts.

The anonymity of survey results limits our ability to identify the specific combination (if it exists) of materials being used by a district. While it is certainly within a district's right to utilize a variety of curricula in building a sexual health education program, it does raise the question as to whether or not those districts have assessed their programs for alignment with the Guidelines, or for medical and scientific accuracy. For example, three curricula (Appendix F, noted with an asterisk) received a score of zero when reviewed by DOH for medical and scientific accuracy. The overwhelming majority of curricula and other materials written by districts have not been submitted to DOH for medical and scientific accuracy review. While districts are not required to submit their materials to DOH for review, they are required to assure medical and scientific accuracy. DOH offers its expertise to districts as a means of ensuring that all instruction is in compliance with the law. Clearly, many districts are utilizing other means or are not assuring that their materials are medically and scientifically accurate.

VI. Recommendations and Conclusion

Based on the information learned as a result of the curricula usage data collected by the 2008-09 Profiles survey and through collaboration with school districts and sexual health education providers throughout the state, the following recommendations should be considered by OSPI, DOH, state sexual health education stakeholders, and state policy makers in supporting strong and consistent implementation of sexual health education in Washington State.

All three recommendations are directly linked to current state sexual health education work funded by CDC through a cooperative agreement: *Improving Health and Educational Outcomes of Young People* (2008–2013). Funding from this cooperative agreement is likely to continue state efforts in this area.

1. **Training and Technical Assistance:** OSPI, in collaboration with DOH and statewide sexual health education partners, should continue to provide technical assistance to districts (administrators, curriculum committees, etc.), schools, and teachers regarding proper implementation of the Healthy Youth Act. One component of this support might include developing a “suggested scope and sequence” document that could assist districts in determining when and where sexual health education fits into their broader health curriculum.
2. **Resources:** OSPI, in collaboration with DOH and other statewide sexual health education partners, should develop and provide resources and tools that can support districts in reviewing their curricula materials and program components for alignment with the “2005 Guidelines for Sexual Health Information and Disease Prevention,” as well as for medical and scientific accuracy.
3. **Curricula Development/Enhancement:** OSPI, in collaboration with stakeholders should develop a process to either create a model curriculum for sexual health education spanning Grades 4–12 or to develop a process to work with publishers of sexual health education programs for bringing their materials into closer alignment with the “2005 Guidelines for Sexual Health Information and Disease Prevention.”

It is evident that districts across the state need continuing technical assistance regarding proper implementation of the law. Anecdotal evidence, combined with data from the Profiles survey, indicate that districts see little difference between satisfying the State’s requirements for HIV/AIDS education and those for sexual health education. The AIDS Omnibus Act and the Healthy Youth Act were designed to meet distinctly different educational needs of students. OSPI must continue its collaborative relationship with DOH to ensure consistent, accurate, and timely information about the legal requirements for sexual health education that are easily accessible to districts across the state.

Currently, a variety of resources and tools are available for use in developing and implementing a comprehensive sexual health education program that is consistent with the Healthy Youth Act. Results from the OSPI and DOH curricula reviews yield information regarding medical and scientific accuracy, as well as curricula alignment with the 2005 Guidelines. These tools are useful both for districts that already offer sexual health education programs, as well as for those that are considering developing a new program.

Building upon this process, OSPI has developed a curriculum assessment tool available to districts who wish to review their sexual health education curriculum at the local level. It is important to have resources such as this available, given the significant number of curricula that schools are using versus the relatively small number of curricula that have been reviewed at the state level.

OSPI works closely with DOH to provide districts with information about the medical and scientific accuracy of a variety of educational resources. This collaborative effort should continue. Additionally, OSPI and DOH should collaborate to develop and implement trainings for school staff on the identification and importance of medically and scientifically accurate sexual health information. These trainings would capitalize on DOH's expertise in the area of sound science while also taking advantage of OSPI's connections to schools throughout the state. OSPI should also continue to update its website to reflect frequently asked questions.

A "Suggested Scope and Sequence" document containing the Guidelines could provide a broad framework for districts to build a sexual health education program. Unfortunately, many districts lack expertise in the provision of sexual health education and struggle when making decisions about age-appropriate introduction of content. In addition, districts may lack the content expertise to build upon concepts throughout the developmental stages. The "suggested scope and sequence" document would provide districts with specific content guidance for each grade level along with rationale for its introduction at a particular developmental level.

The development of such a document is of particular importance because the state's K–12 Health and Fitness Standards (Standards) contain limited guidance on sexual health education. The Standards do not address sexual health education in detail because it is not specifically required as part of health and fitness education. The "suggested scope and sequence" document would be linked directly to the Standards so that districts are directed to the "suggested scope and sequence" document for specific information, should they choose to include sexual health education as part of their comprehensive program.

Districts that choose to provide sexual health education in the state of Washington must do so in accordance with the Healthy Youth Act. As a state leader and collaborator in the area of sexual health education, OSPI is in a position to bring together key stakeholders to consider ways in which the state could develop a process for addressing the varied "gaps" in alignment with the

Guidelines of sexual health curricula that are used throughout the state and/or create a model curriculum. With a content area that is foundational for overall health, as well as potentially controversial, it is imperative that districts have clear guidance on the best approach to offering such education that is consistent with the 2005 Guidelines and the intent of the Healthy Youth Act.

As stated in the Healthy Youth Act, a sexual health education program in the state of Washington must encompass a broad array of topics. It must go beyond one area of sexual health education to provide a comprehensive education that equips students with the knowledge and skills necessary to make healthy decisions throughout life. Although curricula materials are key for effective sexual health education programs, it is important to note that comprehensive sexual health education programs are most successful when other factors are included in contributing to their success. Those factors include the quality and scope and sequence of instruction over time, parent involvement, supplemental sexual health materials, district and community resources/partnerships, and a myriad of other aspects.

Curricula usage data from the biennial Profiles survey, along with important curricula and program implementation information gathered and shared by sexual health education partners throughout the state, will continue to be invaluable as Washington strives to be a national leader in supporting its school districts to provide comprehensive sexual health education that is consistent with the *Guidelines*, is medically and scientifically accurate, and incorporates best practices in sexual health education.

VII. Bibliography

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VIII. Appendices

Appendix A: Table 1.1 Washington 2008 School Health Profiles
Unweighted Lead Health Education Teacher Supplemental
Results

Appendix B: Table 1.2 Elementary School Average Ratings by Guideline

Appendix C: Table 1.3 Middle School Average Ratings by Guideline

Appendix D: Table 1.4 High School Average Ratings by Guideline

Appendix E: 2005 Guidelines for Sexual Health Information and Disease
Prevention

Appendix F: Curricula Listed by Respondents who indicated “Other”

Appendix G: Washington 2008 School Health Profiles Report:
Supplemental Questionnaire

APPENDIX A

**Table 1.1 Washington 2008 School Health Profiles
Unweighted Lead Health Education Teacher Supplemental Results**

Curriculum Title	N	Number of Districts using Curriculum	Percent of Districts using Curriculum	95% Confidence Interval
Safer Choices (ERT Associates)		14		
High Schools	85		5	2-12
Middle Schools	96		1	2-11
Junior/Senior High Schools	19		11	3-34
All Schools	200		5	3-9
Reducing the Risk (ERT)		18		
High Schools	85		7	3-15
Middle Schools	96		4	2-11
Junior/Senior High Schools	19		11	3-34
All Schools	200		6	3-10
Sex Can Wait (ERT)		18		
High Schools	85		7	3-15
Middle Schools	96		6	3-13
Junior/Senior High Schools	19		11	3-34
All Schools	200		7	4-12
Health Smart (ERT)		10		
High Schools	85		7	3-15
Middle Schools	96		4	2-11
Junior/Senior High Schools	19		5	1-30
All Schools	200		6	3-10
Family Life and Sexual Health (F.L.A.S.H.)		50		
High Schools	85		26	18-36
Middle Schools	96		18	11-27
Junior/Senior High Schools	19		26	11-50
All Schools	200		22	17-28
Health: A Guide to Wellness (Glencoe)		64		
High Schools	85		32	23-42
Middle Schools	96		14	8-22
Junior/Senior High Schools	19		42	22-65
All Schools	200		24	19-30
Teen Health (Glencoe)		68		
High Schools	85		19	12-29
Middle Schools	96		41	31-51
Junior/Senior High Schools	19		26	11-50
All Schools	200		30	24-37

*Among schools that provided sexuality education in any Grades 6 through 12.

Table 1.1 (continued)

Curriculum Title	N	Number of Districts using Curriculum	Percent of Districts using Curriculum	95% Confidence Interval
Human Sexuality (Glencoe)		53		
High Schools	85		28	20-39
Middle Schools	96		13	7-21
Junior/Senior High Schools	19		16	5-39
All Schools	200		20	15-26
Healthy Relationships and Sexuality (Glencoe)		46		
High Schools	85		25	17-35
Middle Schools	96		11	6-20
Junior/Senior High Schools	19		21	8-45
All Schools	200		18	13-24
Sexuality in Society (Holt)		9		
High Schools	85		4	1-10
Middle Schools	96		2	1-8
Junior/Senior High Schools	19		5	1-30
All Schools	200		3	1-7
Lifetime Health (Holt)		18		
High Schools	85		5	2-12
Middle Schools	96		5	2-12
Junior/Senior High Schools	19		11	3-34
All Schools	200		6	3-10
Get Real About AIDS (CHEF)		18		
High Schools	85		9	5-18
Middle Schools	96		8	4-16
Junior/Senior High Schools	19		16	5-39
All Schools	200		10	6-14
KNOW HIV/STD Prevention		126		
High Schools	85		61	50-71
Middle Schools	96		53	43-63
Junior/Senior High Schools	19		53	31-73
All Schools	200		57	49-63
WAIT		10		
High Schools	85		5	2-12
Middle Schools	96		4	2-11
Junior/Senior High Schools	19		5	1-30
All Schools	200		5	2-8

*Among schools that provided sexuality education in any Grades 6 through 12.

Table 1.1 (continued)

Curriculum Title	N	Number of Districts using Curriculum	Percent of Districts using Curriculum	95% Confidence Interval
SHARE		11		
High Schools	85		4	1-10
Middle Schools	96		4	2-11
Junior/Senior High Schools	19		5	1-30
All Schools	200		4	2-8
HealthTeacher.com		14		
High Schools	85		6	2-13
Middle Schools	96		4	2-11
Junior/Senior High Schools	19		11	3-34
All Schools	200		6	3-10
The Great Body Shop		12		
High Schools	85		1	0-8
Middle Schools	96		7	3-15
Junior/Senior High Schools	19		5	1-30
All Schools	200		5	2-8
Other curricula		96		
High Schools	85		32	23-42
Middle Schools	96		23	16-32
Junior/Senior High Schools	19		21	8-45
All Schools	200		27	21-33

*Among schools that provided sexuality education in any Grades 6 through 12.

APPENDIX B

Table 1.2 Elementary school average ratings by guideline

Elementary Program	Guideline																				Total
	1.1	1.2	1.3	1.4	2.1	2.2	2.3	2.4	3.1	3.2	3.3	3.4	3.5	3.6	4.1	4.2	5.1	5.2	5.3	5.4	
Decisions for Health	●	●	●	●	●	○	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Draw the Line-Respect 6	○	●	○	○	●	●	●	●	●	●	●	●	●	●	○	○	○	●	○	○	●
FLASH 4, 5 & 6	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	○	●
Health Smart Grade 5	○	●			●	●	●	●	●	●	●	●	●	●	●	●	●				●
Health Smart Grade 6	○	●	○	○	●	●	●	●	●	●	●	●	●	○	●	●	●	●	●	○	●
KNOW 5-6	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	○	○	●
The Great Body Shop 4 (2000)	●	●			●	●	●	●	●	●	●	●	●	●	●	●	●				●
The Great Body Shop 4 (2009)	●	●			●	●	●	●	●	●	●	●	●	●	●	●	●				●
The Great Body Shop 5 (2007)	●	●			●	●	●	●	●	●	●	●	●	●	●	●	●				●
The Great Body Shop 5 (2009)	●	●			●	●	●	●	●	●	●	●	●	●	●	●	●				●
The Great Body Shop 6 (2007)	●	●	○	○	●	●	●	●	●	●	●	●	●	●	●	●	●	○	○	○	●
The Great Body Shop 6 (2009)	●	●	○	○	●	●	●	●	●	●	●	●	●	●	●	●	●	○	○	○	●
Totally Awesome Health 6	●	●	○	○	●	●	●	●	●	●	●	○	●	●	●	●	●	●	○	○	●
VSD Growth and Development 4	●	●			●	●	●	●	●	○	●	●	●	●	●	●	○				●
VSD Growth and Development 5	●	●			●	●	●	●	○	○	●	●	●	●	●	●	○				●
Grand Total	●	●	○	○	●	●	●	●	●	●	●	●	●	●	●	●	●	○	○	○	●

Legend	
4	●
3	●
2	●
1	○
0	○

A score of 2 or higher represents state standard for sexual health education in Washington State.

Note: Table 1.2 shows a dashboard view of the average rating by guideline for each elementary program. The gaps in the table for guidelines 1.3, 1.4, 5.2, 5.3, and 5.4 reflect Sexuality Information and Education Council of the United States (SIECUS) guidance on age appropriateness for Level 1 students, in Grades 4 and 5. Those guidelines cover topics that are better addressed at a later developmental level, according to SIECUS. This chart presents not only the detail about how a particular program scores on a specific guideline, but also provides valuable information about how the guidelines are addressed universally.

APPENDIX C

Table 1.3 Middle school average ratings by guideline

Middle School Program	Guideline																				Total
	1.1	1.2	1.3	1.4	2.1	2.2	2.3	2.4	3.1	3.2	3.3	3.4	3.5	3.6	4.1	4.2	5.1	5.2	5.3	5.4	
Draw the Line-Respect 7	●	●	○	○	●	●	●	●	●	●	●	●	●	●	●	○	●	●	●	○	●
Draw the Line-Respect 8	●	●	○	○	●	●	●	●	●	●	●	●	●	●	●	○	●	●	●	○	●
FLASH 7-8	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Health Smart – MS Abstinence	○	○	○	○	●	●	●	●	●	○	○	○	○	○	○	○	○	○	○	○	○
Health Smart – MS Prevention	○	○	○	○	●	●	●	●	●	○	○	○	○	○	○	○	○	○	○	○	○
KNOW 7-8	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
The Great Body Shop 7 (2009)	○	○	○	○	●	●	●	●	●	○	○	○	○	○	○	○	○	○	○	○	○
The Great Body Shop 8 (2009)	○	○	○	○	●	●	●	●	●	○	○	○	○	○	○	○	○	○	○	○	○
Totally Awesome Health 8	○	○	○	○	●	●	●	●	●	○	○	○	○	○	○	○	○	○	○	○	○
Grand Total	○	○	○	○	●	●	●	●	●	○	○	○	○	○	○	○	○	○	○	○	○

APPENDIX D

Table 1.4 High school average ratings by guideline

	Guideline																						
High School Program	1.1	1.2	1.3	1.4	2.1	2.2	2.3	2.4	3.1	3.2	3.3	3.4	3.5	3.6	4.1	4.2	5.1	5.2	5.3	5.4	Total		
A Healthy Look at Sexuality																							
ABC+G																							
Comprehensive School Health Ed																							
FLASH 11-12																							
FLASH 9-10																							
Glencoe – Health																							
Health and Wellness																							
Health Online																							
Health Smart – HS Abstinence																							
Health Smart – HS Prevention																							
Health Teacher .com																							
Health: Making Life Choices																							
Healthy Relationships and Sexuality																							
Human Sexuality																							
KNOW - HS																							
Making Proud Choices																							
Prentice Hall Health																							
Reducing the Risk																							
Safer Choices – Level 1																							
Safer Choices – Level 2																							
Sexuality and Society																							
SHARE																							
TISSAM																							
Totally Awesome Health HS																							
VSD Growth and Development HS																							
Grand Total																							

Guidelines for Sexual Health Information and Disease Prevention

**The Washington State Department of Health
&
The Office of Superintendent of Public Instruction**

January 13, 2005



PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON

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FOREWORD:

The Washington State Department of Health (DOH) and the Office of Superintendent of Public Instruction (OSPI), jointly established The Guidelines for Sexual Health Information and Disease Prevention. The voluntary guidelines were developed in response to a bipartisan request from 41 state legislators.

These guidelines provide a framework for medically and scientifically accurate sex education for Washington youth. DOH and OSPI strongly encourage all school districts, community-based organizations, juvenile detention centers, and tribal health programs vested in adolescent health to participate in the distribution of the guidelines. The guidelines are available for public view at the following Web site:
<http://www.k12.wa.us/CurriculumInstruct/healthfitness/>

PURPOSE OF THE GUIDELINES:

- 1) To describe effective sex education and its outcomes;
- 2) To provide a tool for educators, policy-makers and others to evaluate existing or new programs, curricula or policies;
- 3) To enhance and strengthen sex education programs;
- 4) To educate schools and school districts, community organizations, communities of faith, the public, the media, policymakers and others involved in educating youth.

THE GOAL OF SEX EDUCATION:

Achieving healthy sexuality is a developmental process from birth to senior adulthood; so is learning about sexuality. In the early years, the foundation for mature adult sexuality is laid with such building blocks as healthy self-esteem, positive body image, good self-care, effective communications, respect for others, caring for family and friends, and a responsibility to community. As an individual matures, other essential elements are added such as understanding body changes, sexual intimacy and commitment; knowing and using health enhancing measures, such as health exams, abstinence and protection; and recognizing the joys and responsibilities of parenting.

Washington State's HIV/AIDS education (RCW 28A.230.070) and Bully and Harassment Policy (WAC 392-190-056) requirements are supported by the objectives of sex education. The goal of sex education is **safe and healthy people**. These are individuals who:

- ❑ Express love and intimacy in appropriate ways.
- ❑ Avoid exploitative or manipulative relationships.
- ❑ Recognize their own values and show respect for people with different values.
- ❑ Take responsibility for and understand the consequences of their own behavior.
- ❑ Communicate effectively with family, friends and partners.
- ❑ Talk with a partner about sexual activity before it occurs, including sexual limits (their own and their partner's), contraceptive and condom use, and meaning in the relationship.

- ❑ Plan effectively for reproductive health and disease prevention regardless of gender.
- ❑ Seek more information about their health as needed.

GUIDELINES FOR SEXUAL HEALTH INFORMATION AND DISEASE PREVENTION:

Evidence suggests that sex education programs that provide information about both abstinence and contraception can delay the onset of sexual activity in teenagers, reduce their number of sexual partners and increase contraceptive use when they become sexually active. These programs:

- ❑ Are age and culturally appropriate.
- ❑ Use information and materials that are medically and scientifically accurate and objective.
- ❑ Encourage and improve communication, especially around growth and development, with parents/guardians and other trusted adults. (The quality of parent-child communications about sex and sexuality appears to be a strong determinant of adolescents' sexual behavior).
- ❑ Identify resources to address individual needs, for present and future concerns and questions.
- ❑ Enlighten young people to develop and apply health-promoting behaviors, including disease prevention and detection and accessing accurate health information that is age appropriate.
- ❑ Provide information about sexual anatomy and physiology and the stages, patterns, and responsibilities associated with growth and development.
- ❑ Stress that abstinence from sexual activity is the only certain way to avoid pregnancy and to reduce the risk of sexually transmitted diseases (STDs), including HIV.
- ❑ Acknowledge that people may choose to abstain from sexual activity at various points in their lives.
- ❑ Address the health needs of all youth who are sexually active, including how to access health services.
- ❑ Provide accurate information about STDs including how STDs are and are not transmitted and the effectiveness of all FDA approved methods of reducing the risk of contracting STDs.
- ❑ Provide accurate information about the effectiveness and safety of all FDA-approved contraceptive methods in preventing pregnancy.

- ❑ Provide information on local resources for testing and medical care for STDs and pregnancy.
- ❑ Promote the development of intrapersonal and interpersonal skills including a sense of dignity and self-worth and the communication, decision-making, assertiveness and refusal skills necessary to reduce health risks and choose healthy behaviors.
- ❑ Recognize and respect people with differing personal and family values.
- ❑ Encourage young people to develop and maintain healthy, respectful and meaningful relationships and avoid exploitative or manipulative relationships.
- ❑ Address the impact of media and peer messages on thoughts, feelings, cultural norms and behaviors related to sexuality as well as address social pressures related to sexual behaviors.
- ❑ Promote healthy self-esteem, positive body image, good self-care, respect for others, caring for family and friends and a responsibility to community.
- ❑ Teach youth that learning about their sexuality will be a lifelong process as their needs and circumstances change.
- ❑ Encourage community support and reinforcement of key messages by other adults and information sources.

COMMON CHARACTERISTICS OF EFFECTIVE SEX EDUCATION PROGRAMS:

Dr. Douglas Kirby, a Senior Research Scientist at Education, Training, Research (ETR) Associates, conducted a review of sex education programs that have been rigorously evaluated using quantitative research and shown to be effective in reducing risk-taking behaviors. In his recent landmark review of teenage pregnancy prevention programs, Dr. Kirby identified ten common characteristics of these types of programs. Specifically, such programs:

- ❑ Deliver and consistently reinforce a clear message about abstinence as the only sure way to avoid unintended pregnancy and STDs; and about using condoms and other forms of contraception if they are sexually active. (This appears to be one of the most important characteristics that distinguish effective from ineffective programs.)
- ❑ Focus on reducing one or more sexual behaviors that lead to unintended pregnancy or HIV/STD infection.
- ❑ Are based on theoretical approaches that have been demonstrated to influence other health-related behavior and identify specific important risky behaviors to be targeted.

- ❑ Provide basic, accurate information about the risks of teen sexual activity and about ways to avoid intercourse for protection against pregnancy and STDs.
- ❑ Include activities that address social pressures on sexual behavior.
- ❑ Provide modeling and practice of communication, negotiation and refusal skills.
- ❑ Employ a variety of teaching methods designed to involve the participants and have them personalize the information.
- ❑ Incorporate behavioral goals, teaching methods and materials that are appropriate to the age, sexual experience, and culture of the students.
- ❑ Last a sufficient length of time to complete important activities adequately—i.e., more than a few hours. (Generally speaking, short-term curricula may increase conceptual understanding, but do not have measurable impact on the behavior of teens).
- ❑ Select educators who believe in the program they are implementing and provide them with quality training.

It should be noted that the absence of even one of the above characteristics appeared to make a program appreciably less likely to be effective.

GLOSSARY:

Effective programs: are those programs that have been shown, in sound peer-reviewed qualitative or quantitative research, to be associated with a reduction in sexual risk-taking behaviors, an increase in health protective behaviors and other associated benefits such as increased self-esteem or enhanced respect for others.

Medically and scientifically accurate: refers to information that is verified or supported by research in compliance with scientific methods and published in peer-review journals, where appropriate, and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, such as the American College of Obstetricians and Gynecologists (<http://www.acog.org>), the Department of Health (<http://www.doh.wa.gov>), and the Centers for Disease Control and Prevention (<http://www.cdc.gov>).

Sexuality: is a significant aspect of a person's life consisting of many interrelated factors including but not limited to sexual anatomy, physiology, growth and development; gender, gender identity and gender role/expression; sexual orientation and sexual orientation identity; sexual behaviors and lifestyles; sexual beliefs, values and attitudes; body image and self-esteem, sexual health; sexual [thoughts and feelings]; relationship to others; [and] life experiences.

Sex education: refers both to teaching about sexuality and to the lifelong process of learning about sexuality. Typically, the main objectives of formal sex education programs are as follows:

- 1) To help foster responsibility regarding sexual relationships, including addressing abstinence, resisting pressure to become prematurely involved in sexual activity, and encouraging the use of contraception and other sexual health measures;
- 2) To provide learners with an opportunity to explore and assess their own values, to increase self-esteem, create insights concerning relationships with others, and understand their obligations and responsibilities to self and others;
- 3) To help learners develop important interpersonal skills--such as communication, decision-making, assertiveness, peer refusal skills--to create more satisfying and healthy relationships;
- 4) To provide learners with information about human sexuality and relationships, including but not limited to the topics listed above under "Sexuality".

CONTACT INFORMATION:

Department of Health
Child and Adolescent Health Program: 360-236-3547

Office of Superintendent of Public Instruction
Health/Fitness Education and HIV/STD Prevention Program: 360-725-6364

Appendix F

Curricula Listed by Respondents who Indicated “Other”

High School Level

- AIMS multimedia
- APEX
- ASPEN (AIDS Student Peer Education)
- Aspire Health (published by Prentice Hall) *
- Basleur
- Carenet
- City – Teen Clinic
- District provided videos and CDs
- Future Impact
- Future Impact – Abstinence
- Health (published by Holt)
- Health (published by Prentice Hall)
- Health: Making Life Choices
- Health: Making Life Choices – NTC
- Health: Making Life Choices – Sizer et al.
- HEART
- Human Relations videos
- Human Sexuality (published by Prentice Hall)
- I-Pulse *
- Life Skills (refusal skills)
- New Beginnings
- Nova Net
- NW Family Services: Facts & Reasons
- Planned Parenthood – contraception
- Powerpoint put together by com
- Public Health
- S,M,A,R,T, Love, Teen Files
- STD slide show
- Take it Seriously, Sex and Media (TISSAM)
- Teen Health Center, Nurse Practitioner
- TeenHealth.com/org
- Teen link
- Various others
- Washington State Department of Health guidelines
- We use pieces and parts of a variety of resources

Middle School Level

- AWARE program *
- Aware sexuality presentation
- Boredom, depression, conflict-resolutions, social health & personality types
- County Health Department speaker
- Current Health Issues
- Focus on the Family film (Sunburst Communications)
- Future Impact presentation
- Glencoe Health books
- Health (published by Prentice Hall)
- Health (published by Prentice hall, 2007)

- Health Department
- Health Wave
- HIV materials by school district nurses
- Lifetime Health may be used by some teachers
- Life Skills Health, AGS
- Media influence on image and sex
- No curriculum is used – parts
- Planned Parenthood presentation
- School district sex ed
- SMART Love
- Take it Seriously: Sex and Media (TISSAM)
- Teacher created materials
- Teenhealth.org
- United Streaming was used as a supplement
- Videos from Bristol Productions, Perennial Education, and Churchill Media
- We do not have a set health curriculum. I just pull information from a variety of sources.

Junior/Senior High Level

- A+ (computer-based)
- County Health District
- Health: Choosing Wellness (published by Prentice Hall)
- Planned Parenthood
- Whatever the visiting instructor brings

APPENDIX G

Washington 2008 School Health Profiles Report Unweighted Lead Health Education Teacher Results from Supplemental Questionnaire

1. Percentage of schools that provide sexuality education for students in any grades 6 through 12 in this school.

	N	Percent	95% Confidence Interval
High Schools	91	93	86-97
Middle Schools	109	88	80-93
Junior/Senior High Schools	24	79	58-91
All Schools	224	89	84-93

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2. Percentage of schools in which sexuality education is taught in the following grades.*

	N	Percent	95% Confidence Interval
a. Sixth grade			
High Schools	NA	NA	NA
Middle Schools	87	60	49-70
Junior/Senior High Schools	18	39	20-63
All Schools	105	56	46-65
b. Seventh grade			
High Schools	NA	NA	NA
Middle Schools	107	67	58-76
Junior/Senior High Schools	22	50	30-70
All Schools	129	64	56-72
c. Eighth grade			
High Schools	NA	NA	NA
Middle Schools	106	75	65-82
Junior/Senior High Schools	22	55	34-74
All Schools	128	71	63-78
d. Ninth grade			
High Schools	85	76	66-84
Middle Schools	39	28	16-44
Junior/Senior High Schools	24	79	58-91
All Schools	148	64	56-72
e. Tenth grade			
High Schools	83	46	35-57
Middle Schools	NA	NA	NA
Junior/Senior High Schools	23	61	40-78
All Schools	106	49	40-59
f. Eleventh grade			
High Schools	80	35	25-46
Middle Schools	NA	NA	NA
Junior/Senior High Schools	23	52	32-71
All Schools	103	39	30-49
g. Twelfth grade			
High Schools	81	36	26-47
Middle Schools	NA	NA	NA
Junior/Senior High Schools	23	52	32-71
All Schools	104	39	30-49

* Among all schools that provided had students in the specified grade.

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Unweighted Lead Health Education Teacher Results from Supplemental Questionnaire

3. Percentage of schools in which the following percent of students are waived out of the sexuality education classes by their parents.*

	N	Percent	95% Confidence Interval
a. None			
High Schools	83	23	15-33
Middle Schools	95	8	4-16
Junior/Senior High Schools	18	39	20-62
All Schools	196	17	13-23
b. Less than 1%			
High Schools	83	57	46-67
Middle Schools	95	68	58-77
Junior/Senior High Schools	18	17	5-41
All Schools	196	59	52-65
c. 1 to 5%			
High Schools	83	17	10-27
Middle Schools	95	21	14-30
Junior/Senior High Schools	18	39	20-62
All Schools	196	21	16-27
d. 6 to 10%			
High Schools	83	2	1-9
Middle Schools	95	1	0-7
Junior/Senior High Schools	18	6	1-31
All Schools	196	2	1-5
e. 11 to 20%			
High Schools	83	1	0-8
Middle Schools	95	1	0-7
Junior/Senior High Schools	18	0	0
All Schools	196	1	0-4
f. 21 to 30%			
High Schools	83	0	0
Middle Schools	95	0	0
Junior/Senior High Schools	18	0	0
All Schools	196	0	0
g. More than 30%			
High Schools	83	0	0
Middle Schools	95	0	0
Junior/Senior High Schools	18	0	0
All Schools	196	0	0

*Among schools that provided sexuality education in any grades 6 through 12.

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2008 School Health Profiles Report
Unweighted Lead Health Education Teacher Results from Supplemental Questionnaire

4. Percentage of schools that provide the following hours of instruction in sexuality education in grades 6 through 12.*

	N	Percent	95% Confidence Interval
a. None			
High Schools	85	1	0-8
Middle Schools	94	0	0
Junior/Senior High Schools	18	0	0
All Schools	197	1	0-4
b. Less than 1 hour			
High Schools	85	0	0
Middle Schools	94	2	1-8
Junior/Senior High Schools	18	6	1-31
All Schools	197	2	0-5
c. 1 to 5 hours			
High Schools	85	22	15-33
Middle Schools	94	30	21-40
Junior/Senior High Schools	18	50	28-72
All Schools	197	28	23-35
d. 5 to 10 hours			
High Schools	85	31	22-41
Middle Schools	94	35	26-45
Junior/Senior High Schools	18	28	12-52
All Schools	197	32	26-39
e. More than 10 hours			
High Schools	85	46	36-57
Middle Schools	94	33	24-43
Junior/Senior High Schools	18	17	5-41
All Schools	197	37	31-44

*Among schools that provided sexuality education in any grades 6 through 12.

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2008 School Health Profiles Report
Unweighted Lead Health Education Teacher Results from Supplemental Questionnaire

5. Percentage of schools that teach sexuality education classes through the following methods.*

	N	Percent	95% Confidence Interval
a. Classroom teacher			
High Schools	85	94	87-98
Middle Schools	96	79	70-86
Junior/Senior High Schools	19	68	45-85
All Schools	200	85	79-89
b. Outside speakers			
High Schools	85	56	46-67
Middle Schools	96	30	22-40
Junior/Senior High Schools	19	42	22-65
All Schools	200	43	36-50
c. Peer educators			
High Schools	85	5	2-12
Middle Schools	96	3	1-9
Junior/Senior High Schools	19	5	1-30
All Schools	200	4	2-8
d. Panel/speakers bureau			
High Schools	85	8	4-16
Middle Schools	96	5	2-12
Junior/Senior High Schools	19	0	0
All Schools	200	6	3-10
e. School nurse			
High Schools	85	6	2-13
Middle Schools	96	10	6-18
Junior/Senior High Schools	19	32	15-55
All Schools	200	11	7-16
f. Other method			
High Schools	85	7	3-15
Middle Schools	96	20	13-29
Junior/Senior High Schools	19	11	3-34
All Schools	200	14	9-19

*Among schools that provided sexuality education in any grades 6 through 12.

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6. Percentage of schools in which teachers or other presenters taught any of the following sexuality education curricula for students in any of grades 6 through 12.*

	N	Percent	95% Confidence Interval
a. Safer Choices (ERT Associates)			
High Schools	85	5	2-12
Middle Schools	96	4	2-11
Junior/Senior High Schools	19	11	3-34
All Schools	200	5	3-9
b. Reducing the Risk (ERT)			
High Schools	85	7	3-15
Middle Schools	96	4	2-11
Junior/Senior High Schools	19	11	3-34
All Schools	200	6	3-10
c. Sex Can Wait (ERT)			
High Schools	85	7	3-15
Middle Schools	96	6	3-13
Junior/Senior High Schools	19	11	3-34
All Schools	200	7	4-12
d. Health Smart (ERT)			
High Schools	85	7	3-15
Middle Schools	96	4	2-11
Junior/Senior High Schools	19	5	1-30
All Schools	200	6	3-10
e. Family Life and Sexual Health (FLASH)			
High Schools	85	26	18-36
Middle Schools	96	18	11-27
Junior/Senior High Schools	19	26	11-50
All Schools	200	22	17-28
f. Health: A Guide to Wellness (Glencoe)			
High Schools	85	32	23-42
Middle Schools	96	14	8-22
Junior/Senior High Schools	19	42	22-65
All Schools	200	24	19-30
g. Teen Health (Glencoe)			
High Schools	85	19	12-29
Middle Schools	96	41	31-51
Junior/Senior High Schools	19	26	11-50
All Schools	200	30	24-37

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6. Percentage of schools in which teachers or other presenters taught any of the following sexuality education curricula for students in any of grades 6 through 12.*

	N	Percent	95% Confidence Interval
h. Human Sexuality (Glencoe)			
High Schools	85	28	20-39
Middle Schools	96	13	7-21
Junior/Senior High Schools	19	16	5-39
All Schools	200	20	15-26
i. Healthy Relationships and Sexuality (Glencoe)			
High Schools	85	25	17-35
Middle Schools	96	11	6-20
Junior/Senior High Schools	19	21	8-45
All Schools	200	18	13-24
j. Sexuality in Society (Holt)			
High Schools	85	4	1-10
Middle Schools	96	2	1-8
Junior/Senior High Schools	19	5	1-30
All Schools	200	3	1-7
k. Lifetime Health (Holt)			
High Schools	85	5	2-12
Middle Schools	96	5	2-12
Junior/Senior High Schools	19	11	3-34
All Schools	200	6	3-10
l. Get Real About AIDS (CHEF)			
High Schools	85	9	5-18
Middle Schools	96	8	4-16
Junior/Senior High Schools	19	16	5-39
All Schools	200	10	6-14
m. KNOW HIV/STD Prevention			
High Schools	85	61	50-71
Middle Schools	96	53	43-63
Junior/Senior High Schools	19	53	31-73
All Schools	200	57	49-63
n. WAIT			
High Schools	85	5	2-12
Middle Schools	96	4	2-11
Junior/Senior High Schools	19	5	1-30
All Schools	200	5	2-8

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6. Percentage of schools in which teachers or other presenters taught any of the following sexuality education curricula for students in any of grades 6 through 12.*

	N	Percent	95% Confidence Interval
o. SHARE			
High Schools	85	4	1-10
Middle Schools	96	4	2-11
Junior/Senior High Schools	19	5	1-30
All Schools	200	4	2-8
p. HealthTeacher.com			
High Schools	85	6	2-13
Middle Schools	96	4	2-11
Junior/Senior High Schools	19	11	3-34
All Schools	200	6	3-10
q. HealthTeacher.com			
High Schools	85	6	2-13
Middle Schools	96	4	2-11
Junior/Senior High Schools	19	11	3-34
All Schools	200	6	3-10
r. The Great Body Shop			
High Schools	85	1	0-8
Middle Schools	96	7	3-15
Junior/Senior High Schools	19	5	1-30
All Schools	200	5	2-8
s. Other curricula			
High Schools	85	32	23-42
Middle Schools	96	23	16-32
Junior/Senior High Schools	19	21	8-45
All Schools	200	27	21-33

7. Percentage of schools that use sexuality education curricula that has been tested for medical and scientific accuracy, consistent with the 2005 DOH-OSPI Guidelines for Sexual Health and Disease Prevention.*

	N	Percent	95% Confidence Interval
High Schools	76	38	28-50
Middle Schools	86	37	28-48
Junior/Senior High Schools	19	32	15-55
All Schools	181	37	30-44

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5. Other (please describe) responses from the question, “Who teaches sexuality education classes in this school”.

Responses

High Schools	Advisory Committee (CTE) has a medical professional for consult Health Education Specialist Novanet and Apex online curriculum Student gathered information and Films Teen Health Center videos
Middle Schools	Aware Counselor/Science Teacher Counselor/Science Teacher Health and fitness specialist Health or Physical Education Teacher health specific teacher health teacher health teacher health teacher Health/Fitness Teacher Life Skills teachers Life Skills Teacher 8th Grade, Science Teacher 7th grade. P.E. Teachers P.E. Teachers PE + Health Teachers PE teacher/nurses/classroom PE/Health Teacher PE/Health Teacher Physical Ed/Science Teacher
Junior/Senior High Schools	Classroom teachers health and science Part of health curriculum on A+ curriculum based instructions

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6. **FIRST option for Other (please describe) responses from the question, “During this school year did teachers or other presenters in this school teach any sexuality education curricula for students in any of grades 6 through 12”**

Responses	
High Schools	ASPEN (AIDS Student Peer Education) district provided videos & cd's Future Impact (required by administration) Future Impact- Abstinence health making life choices health making life choices- NTC Health- Making Life Choices-Sizer et al HEART Holt; Health Human Sexuality/Prentice Hall I-Pulse City - Teen Clinic Nova Net planned parenthood Prentice Hall HEALTH Public Health S,M,A,R,T, Love, Teen Files STD slide show Supplemented with Human Relations Videos Teen Health Center, Nurse Practitioner Teen link TeenHealth.com/org TISAM TISAM TISAM from U of W WA state dept of health guidelines we use pieces and parts of a variety of resources
Middle Schools	AWARE Presentaion Current Health Issues FLASH Glencoe Health Books Have some Lifetime Health so some things may be used by some teachers. Health Wave County health department speaker KNOW curriculum media influence on image & sex No curriculum is used - parts Planned Parenthood Planned Parenthood Presentation Prentice Hall Health (Book) Prentice Hall Health 2007 edit

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6. **FIRST option for Other (please describe) responses from the question, “During this school year did teachers or other presenters in this school teach any sexuality education curricula for students in any of grades 6 through 12”**

Responses	
Middle Schools	School District Sex Ed SMARTlove Teenhealth.org TISAM United Streaming was used as a supplement Videos - Focus on the family film : Sunburst communications We do not have a set health curriculum. I just pull information from a variety of sources. We use the Aware program
Junior/Senior High Schools	A+ computer-based Health: Choosing Wellness (Prentise Hall) planned parenthood whatever the visiting instructor brings

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6. **SECOND option for Other (please describe) responses from the question, “During this school year did teachers or other presenters in this school teach any sexuality education curricula for students in any of grades 6 through 12”**

Responses	
High Schools	AIMS multimedia APEX Aspire-Health-Prentice Hall Basleur, Teen link, Planned Parenthood, New Beginnings care net Life Skills (refusal skills) NW Family Services: Facts & Reasons Planned Parenthood- contraception Powerpoint put together by com Various others
Middle Schools	Aware- sexuality presentation boredom, depression, conflict-resolutions, social health & personality types Future Impact Presentation Health Department HIV materials by school district nurses Life Skills Health, AGS Teacher created materials Videos - Bristol Productions : Perennial Education : Churchill Media
Junior/Senior High Schools	County health district

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