

The Local Implementation of the Healthy Youth Act Project Report

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2009 Healthy Youth Act Implementation Project

Executive Summary

Project Background

In 2007, the Washington State legislature passed the Healthy Youth Act (HYA), which went into effect September 1, 2008. This law states that *if* a school provides sexual health instruction, the school must assure that the instruction is comprehensive, medically accurate, and complies with a basic set of standards. The HYA does not, however, include a mechanism to hold school districts accountable for updating their curriculum. It is up to organizations like NARAL, advocates within the schools, parents and community members to ensure that local schools are implementing the law and utilizing comprehensive, medically-accurate curricula.

Project Description

NARAL Pro-Choice Washington Foundation, in collaboration with the Healthy Youth Alliance, created an online survey and recruited project interns to contact school districts around the state. Our interns contacted school administrators, teachers, and nurses regarding their districts' familiarity with the new law, and whether or not the district provided curricula beyond HIV/AIDS instruction. Depending on each district's response, two surveys were created - one for districts that had a sexual health education program and one for those that did not. Out of the 295 school districts in Washington State, 163 school districts completed the survey.

Project Findings

All findings are based on the surveys and the responses received from the 163 school districts that participated.

- 82.3% of the school districts in Washington are familiar with the law, yet 24.5% of those districts do not provide sexual health education beyond HIV/AIDS curricula.
- Of those districts with no program, 63.9% are not interested in implementing comprehensive sex education. The top 2 reasons cited
- include lack of funding for materials and opposition by the local community.
- 43.5% of those districts that have a sexuality education program, do not have a curriculum that extends above grade 9.
- Regional analysis shows that 40% of completed surveys from Educational Service District (ESD) 101, which covers 7 counties in Eastern Washington, have no sexual health program.
- In ESD 189, which covers 5 northern counties, 65.7% of school districts responded to the survey and 21.7% have no sexual health program.

Key Facts and Figures

295: Number of school districts in Washington State

163: Number of school districts surveyed by NARAL volunteers

24.5%: Percent of respondents that do not use a sexual health program beyond HIV/AIDS instruction

82.3%: Percent of respondents who are familiar with the Healthy Youth Act.

2%: Percentage of districts that refused to participate in the survey.

Report and Analysis

In 2007, the Washington State Legislature passed the Healthy Youth Act (HYA), which states that if a school district is teaching sexual health education, the curriculum must be comprehensive and all information is required to be medically and scientifically accurate. Abstinence education shall be included in a comprehensive sexual health education, but it may no longer refer to abstinence until marriage as the sole course to prevent unintended pregnancies and sexually transmitted diseases. The sexual health curricula must also adhere to the Guidelines for Sexual Health and Disease Prevention, compiled by the Office of the Superintendent of Public Instruction (OSPI) and the Department of Health (DOH). This new law, however, does not include an enforcement mechanism to hold school districts accountable for updating their curricula. The HYA went into effect September 1, 2008, and it is up to organizations like NARAL Pro-Choice Washington Foundation, advocates within the schools, parents and community members to ensure that local schools are implementing the law and utilizing comprehensive and medically-accurate curricula.

NARAL began surveying public school districts within Washington State to determine the degree to which local school districts were implementing the HYA. According to the Act, school districts with sexual health education programs were required to review and update their programs to ensure that the curriculum is both comprehensive and medically and scientifically accurate. Out of the 295 school districts in Washington, 163 responded to this survey.

The survey was broken up into questions to determine the quality of the sexuality education programs being offered to the youth of our state. All answers are self-reported from individuals within the school districts. An array of school officials responded to the survey including superintendents, curriculum directors, principals, teachers and nurses. The first part of our survey gathered general information such as name, school district, official position, email address and phone number. Next, we inquired about the school district's familiarity with the Healthy Youth Act. Every district surveyed responded to this question; 82.5% of the districts stated that they were familiar with the Act, while 9.6% of them were not, and 7.8% responded in some other way--more often than not, with some recognition of the Act but not having a thorough understanding of it.

The next question asked: “Aside from HIV and AIDS prevention, does your school district provide additional sexual health education?” Again, all districts responded to this question with 75.7% of them answering positively stating that the district did have a program beyond HIV/AIDS curriculum and 24.3% of the districts responding that they did not have a curricula extending beyond HIV/AIDS. Based on the respondent’s answer to this question, we proceeded with one of two different surveys. If districts answered that they did provide a sexual health program beyond HIV/AIDS, they were asked questions relating to the curriculum they taught. If they did not provide a sexual health program beyond HIV/AIDS, the survey focused more on the interest and barriers to implementing a sexuality education program.

Of those surveyed, 125 school districts answered “yes” to providing additional sexual health education. The first question focused on the grade levels in which the school district taught sex education. The most common grade level to include sexual health education was 9th grade, with all grade levels below it also being chosen almost as frequently. The real discrepancy can be found in high school where it appears sex education programming declines as students get older; 54 districts out the 125 that answered the “yes” survey did not teach sex education above 9th grade.

Next, NARAL volunteers asked about the curriculum used. A list was included on the survey, compiled from a variety of curricula that OSPI and DOH had reviewed and graded depending on level of medical accuracy and compliance with the HYA. Interestingly, 57% responded as having “other” curriculum in addition to or besides the ones listed on the survey itself. Of those listed, the curriculum chosen most often was the KNOW HIV/AIDS curriculum. This demonstrates that for the 19 districts that selected KNOW as the only curriculum taught, they are not teaching comprehensive sexuality education. The FLASH 7/8 curriculum was chosen about 20% of the time, and FLASH 9/10 wasn’t far behind at 19%.

Certain answers given by respondents in the “other” category regarding curriculum are cause for concern. CareNet, an influential crisis pregnancy center in the Chelan area, provides the curriculum used by the nearby Brewster school district. Teen AWARE, an abstinence-only-until-marriage program was also listed as curriculum by two separate school districts, Zillah and Willapa Valley. In all of these instances, the districts seemed to be under the assumption that the instruction their students receive is

comprehensive sexual health education. This is cause for concern, because these programs are misrepresenting themselves to school districts and claiming that they are in fact comprehensive and that their curriculum is in compliance with the Healthy Youth Act.

Next, NARAL volunteers asked if the current sexual health program had been reviewed by the district for compliance with the Healthy Youth Act; 77.6% of the districts responded that they had in fact reviewed their curriculum for compliance. Interestingly, the districts that claimed to have abstinence-only curriculum also said that they believed their curriculum had been reviewed for compliance; 74% of those districts who responded to the “yes” survey cited the KNOW program as their only curriculum also said that their curriculum had been reviewed for compliance.

As for whether or not the curriculum is being used district-wide, 84.2% of respondents said that it had been; 8.3% stated that it was only used in certain schools and 23.3% made other comments on the subject. Much of the time these comments focused on the small size of the district and respondents weren’t sure if other schools in the district had a similar curriculum.

Then, NARAL volunteers asked the respondents about curriculum decisions for the district; 66.7% chose the School Board, with a Curriculum Review Board chosen 55.3% of the time. If districts chose the Curriculum Review Board option, our volunteers would then ask who was on that board. Parents, administrators, and students were most often cited as being the main participants.

Following this question was one related to training topics. The question specifically asked what type of training the district would find useful for its teachers, administrators, and curriculum directors. For a full list of topics, refer to the survey on page 10, but the two topics most commonly chosen were “Effective strategies for teachers who provide sexual health education” and “determining appropriate sexual health content for various age groups.” These answers will be useful to educators and program specialists specifically focused on sexuality education. It provides guidance on what training opportunities school districts most want and need. The fact that the majority of school districts chose these two training options demonstrates that teachers want to be trained on how to teach a quality sex education curriculum, rather than spend

time being trained on the law itself or the DOH/OSPI guidelines. It is important to note that 41.7% of the districts, who answered the “yes” survey, skipped this question.

The last question addressed the types of barriers the district faces in improving its sexual health program. Listed were funding for materials, training, local climate, and lack of teachers. Out of these, funding for materials was, by far, the biggest barrier. There was also a section for other comments districts wanted to express on this topic and a lack of time was often cited in these comments. In fact, 17% of those that answered this question marked down time constraints as an additional barrier they face. This question concludes the “yes” survey.

If districts answered “no” to the question asking whether or not they had a curriculum beyond HIV/AIDS, they were given a shorter survey that asked questions mainly regarding why a sexuality education program had not been implemented. The first question asked whether or not there was interest in the district to implement a comprehensive sexual health program. 38.9% of those responding to this question said that there was interest in having a comprehensive sexual health program while 63.9% of respondents said there was no interest in implementing a program at this time. The additional comments from this question explain that lack of time in curriculum and a lack of teachers were the main reasons for not teaching sexuality education. More often than not, the school board’s unwillingness to institute a program was also referenced. The respondent from the Manson school district even said that there was strong support from the teachers for a program but that those with decision making power in the district were in strong opposition to having a comprehensive program.

The next question we asked addressed the same barriers to implementation that we listed in the “yes” survey. The respondents of this survey had very different answers. While funding for materials was one of them, the other most common barrier was the local climate of the community. Comments most cited the conservative values of the community and/or district. Moreover, when asked about who makes curriculum decisions in their district, the School Board was undeniably the common response, taking 78.9% of the responses.

Next we asked whether there was an interest in teacher training for sexual health education if it were available to the district. The response percentage was split down the middle between yes and no. This is interesting because, even though more

districts said there wasn't an interest in having a comprehensive program, they still want teacher training. In fact, 7 of the 23, who stated that there was no district interest in a sexual health education program, wanted their teachers trained on the subject. Another interesting characteristic of this question, and its responses, was that many of those who didn't have an interest in a comprehensive program were reluctant to answer this question or the following one regarding useful training topics. Respondents claimed there wasn't a point to answering these questions if there wasn't any interest.

For those that did answer questions on training, we next addressed the training topics respondents would like to see covered. Although "determining appropriate sexual health content for various age groups" was the number one answer with a response percent of 87.5%, all the other topics were chosen at least 70% of the time. This indicates that in districts where training is wanted, they believe that training on all topics is needed. This question concludes the second survey.

Conclusions and Recommendations

Many conclusions can be drawn from this survey but there are three in particular that are important to mention. First, it must be pointed out that sexuality education is peaking in the 9th grade. Not only that, but sex education drops off dramatically after this grade, with anything rarely being taught in 11th and 12th grades when students need the information the most. School districts are not preparing their students to the fullest extent. To cut such vital information and education off to youth in the years that they will need it the most is irresponsible. It is imperative to follow through with sexuality education; studies show that sexual health education is most effective if it is taught each year with one year's lesson adding on to the last.

The second conclusion that we can draw is that there is a need for community education about what comprehensive sex education is. This will aid school districts in understanding exactly what they need to cover in their sexuality education program and how exactly the law applies to them. One facet of the law that is often overlooked by school districts is that when a district decides to teach any portion of sexuality education as defined in the Washington Regulation, then all the components included in the Guidelines compiled by the DOH and OSPI must be adhered to. Along with

providing information about how to handle various types of relationships, abstinence must be stressed as the only sure way to prevent against STDs and unintended pregnancy, and accurate information about the effectiveness and safety of all FDA-approved contraceptive methods must be provided. Therefore, when a district decides to provide a sexual health education curriculum to its students, it must give information on these and all other Guidelines listed.

The last conclusion we can draw from this survey is that many school districts claim the KNOW curriculum as their sole comprehensive sex education program. Districts believe that this curriculum, which focuses only on HIV/AIDS prevention, meets the guidelines when in fact it does not. These districts also claim to have reviewed the curriculum and find it in compliance with the Healthy Youth Act. However, in order to be in compliance with this law, the curriculum must follow the 19 Guidelines as mentioned in the previous paragraph. The KNOW curriculum is very thorough, but it pertains strictly to HIV and AIDS and discusses nothing about creating healthy relationships or self esteem or providing accurate information about contraceptives and how to get tested for STDs. Therefore, this curriculum is not in full compliance with the law. This does not seem to be clear to school districts. However, OSPI has released a fact sheet about the Healthy Youth Act in which it states that the KNOW program is not considered a valid curriculum for comprehensive sex education. This will be a useful resource for schools seeking to create their own sex education curriculum.

In Washington State, there are 295 school districts. Our organization attempted to contact 250 of these districts. We received responses from 163 districts. The following are the survey results we received.

1. Are you and others in your district familiar with the Healthy Youth Act?

- Yes **82.5%**
- No **9.6%**
- Other **7.8%**

2. Aside from HIV and AIDS prevention, does your school district provide additional sexual health education?

- Yes **75.7%**
- No **24.3%**

The following is the “YES” survey (125 districts responded “yes”)

3. At what grade level(s) does your district offer sexual health education (check all that apply)?

- 4th **19.7%**
- 5th **55.6%**
- 6th **57.3%**
- 7th **63.2%**
- 8th **66.7%**
- 9th **69.2%**
- 10th **52.1%**
- 11th **35.9%**
- 12th **37.6%**

4. What curriculum does your district use to provide sexual health education (check all that apply)?

	<u>Percent</u>	<u>State Grade</u>
• Decisions for Health:	0%	3
• Draw the Line—Respect the Line	0%	4

• F.L.A.S.H. 4/5/6	15.7%	4
• F.L.A.S.H. 7/8	20.7%	4
• F.L.A.S.H. 9/10	19%	4
• F.L.A.S.H. 11/12	10.7%	4
• F.L.A.S.H. for Special Education	9.1%	4
• Glencoe Health	14.9%	3
• The Great Body Shop	14%	3
• Health Smart	1.7%	4
• Healthy Relationships and Sexuality	1.7%	NA
• Holt—Sexuality and Society	2.5%	3
• KNOW HIV/STD Prevention	43%	NA
• Making Proud Choices	0%	4
• Reducing the Risk	0.8%	4
• Safer Choices Level 1	0%	4
• Safer Choices Level 2	0%	4
• Totally Awesome Health	2.5%	2
• Other (please specify)	57%	

5. Has the current sexual health program been reviewed to ensure compliance with the Healthy Youth Act?

- Yes **77.6%**
- No **23.3%**

6. Is the curriculum being used district-wide?

- Yes **84.2%**
- No **8.3%**
- Other **23.3%**

7. Who makes the curriculum decisions in your district? (check all that apply)

- School Board **66.7%**
- Curriculum Director **35.1%**



- Curriculum Review Board **55.3%**
- Superintendent **36%**
- Principal **36%**
- Teachers **47.4%**

8. What types of training would be useful for teachers, administrators, and curriculum directors in your district (check all that apply)?

- Determining appropriate sexual health content for various age groups. **62.9%**
- Increasing teacher comfort when teaching sexual health education. **48.3%**
- Assessing curricula against the 2005 Guidelines for Sexual Health Disease Prevention. **45.7%**
- Partnering with parents when providing sexual health education. **47.4%**
- Effective strategies for teachers who provide sexual health education. **67.2%**
- Requirements of the Healthy Youth Act. **61.2%**
- Other **37.9%**

9. What barriers, if any, does your district face in improving sexual health education in your district?

- Funding for Materials **53.1%**
- Training **36.3%**
- Local Climate **30.1%**
- Lack of Teachers **24.8%**
- Other **66.4%**

The following is the “NO” survey (40 school districts responded “no”)

1. Is there an interest in your district in implementing a sexual health education program?

- Yes **38.9%**
- No **63.9%**

2. What do you see as the barrier to implementing a sexual health education program (check all that apply)?

- Funding for Materials **66.7%**
- Training **43.6%**
- Local Climate **66.7%**
- Lack of Teachers **41%**

3. Who makes curriculum decisions in your district (check all that apply)?

- School Board **78.9%**
- Curriculum Director **31.6%**
- Curriculum Review Board **50%**
- Superintendent **55.3%**
- Principal **22.1%**
- Teachers **28.9%**

4. If teacher training were available, would there be an interest in your district to provide students with sexual health education?

- Yes **51.4%**
- No **51.4%**

5. What type of training would be useful for teachers, administrators, and curriculum directors in your district (check all that apply)?

- Determining appropriate sexual health content for various age groups. **87.5%**
- Increasing teacher comfort when teaching sexual health education. **78.1%**
- Assessing curricula against the 2005 Guidelines for Sexual Health Disease Prevention. **71.9%**
- Partnering with parents when providing sexual health education. **78.1%**
- Effective strategies for teachers who provide sexual health education. **78.1%**
- Requirements of the Healthy Youth Act. **78.1%**