



**Office of Superintendent of Public Instruction**  
**Chris Reykdal, State Superintendent**

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REPORT TO THE LEGISLATURE

# **OSPI's Work in Sexual Health Education**

**2019**

**Authorizing legislation:** [ESSB 6032, Sec. 501 \(56\)](#)

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## Executive Summary

The Office of Superintendent of Public Instruction (OSPI) supports school districts in Washington state with the provision of sexual health education that is consistent with the [AIDS Omnibus Act](#) and the [Healthy Youth Act](#). This report outlines the related accomplishments and deliverables achieved by the Sexual Health Education staff at OSPI in fiscal year (FY) 2019, including:

- Sexual health education curriculum review summary report developed and posted.
- Sexual health education guidance document completed.
- Sexual health education research brief developed and distributed.
- Resources provided on website and to more than 2,700 newsletter subscribers.
- Technical assistance provided in response to over 200 requests from schools, families, students, and other stakeholders.
- Professional development provided to more than 600 educators.
- New survey implemented to gather information about sexual health instruction in Washington's schools.
- "Erin's Law" (House Bill 1539 [2018]) implemented.

## Introduction

The [AIDS Omnibus Act](#) and the [Healthy Youth Act](#) require the Office of Superintendent of Public Instruction (OSPI) to support K–12 schools in Washington in meeting statutory requirements. Schools must provide annual HIV/AIDS prevention instruction that is medically accurate, age-appropriate, and comprehensive, starting no later than grade 5. As with HIV/AIDS prevention instruction, schools that choose to provide additional sexual health education must ensure that it is medically and scientifically accurate, age-appropriate and inclusive. OSPI's Sexual Health Education unit develops and makes resources available that support such instruction.

## Sexual Health Education (SHE) Staff Activities

### Curricula

In coordination with the Washington State Department of Health (DOH), OSPI reviews instructional materials to assess consistency with statutory requirements and K–12 State Learning Standards. OSPI also provides information about the materials on the agency's website to support school district curriculum selection and adoption. Materials reviews are conducted approximately every two years, as funding allows. Funding is provided by DOH.

In fiscal year (FY) 2019, OSPI developed and posted a [summary report of materials reviewed in 2015 and 2017](#). This report shows whether materials were found to be "consistent" or "not consistent" with requirements in the AIDS Omnibus Act and Healthy Youth Act.

The 2019 SHE Curriculum review began in April. OSPI identified and began gathering materials for review, developed and posted an application to recruit reviewers, and set a date to train reviewers. Past review panels have included teachers, curriculum directors, school nurses, other school staff, and community health educators, all of whom have had prior experience reviewing and/or developing instructional materials and who serve in a volunteer capacity. The review of materials will be complete by August 31, 2019 and a report posted on our website by the end of October.

### Resources

OSPI maintains a robust [website](#) to support comprehensive, evidence-informed sexual health education. In addition to posting curriculum review reports; resources, model policies, and other related materials are posted and kept updated. A digest of current articles, research, professional development opportunities, and other resources is also disseminated twice monthly to more than 2,700 subscribers through direct email.

OSPI developed a SHE guidance document (to be posted in fall 2019), primarily in response to requests from schools for guidance on implementing optional grade-level outcomes for sexual health education. These grade-level outcomes were adopted in 2016 as part of the revised Health Education K–12 Learning Standards.

OSPI developed a research brief to inform legislators, legislative staff, and partners of what the research says about the effectiveness of comprehensive sexual health education in improving student health and academic outcomes and preventing sexual violence and other negative outcomes. The brief also included current data about sexual violence reported by students in grades 8, 10, and 12.

## **Technical Assistance**

Over 60 school districts, five educational service districts, and the Washington School for the Blind contacted OSPI with over 140 requests for guidance, resources, and support in FY 2019.

Over 100 requests for information and support were also received from parents and families, students, legislators, state agencies, local health departments, college/university students and staff, community-based organizations, and other constituents.

Requests related to the following topics:

- Curriculum and instructional materials (e.g., reviewed materials, review tools, curriculum adoption, access to curricula, content-specific lesson plans, school library collection, and materials for special education programs).
- Professional development opportunities (e.g., KNOW and FLASH curricula, inclusive instruction, best practices, and teaching in special education programs).
- Policies and procedures (e.g., gender neutral restrooms, transgender students, gender discrimination, dress codes, condom availability, parent/guardian notification and opt-out, abstinence-only instruction, Erin’s Law, state legislation, and Title IX).
- Data and data collection (e.g., School Health Profiles Survey, Healthy Youth Survey, bullying, inclusive sexual health education, consent education, and teen domestic violence).
- Health Education K–12 Learning Standards (e.g., sexual health grade-level outcomes, scope and sequence, national standards, and implementation guidance).
- Miscellaneous resources (e.g., research articles, materials from national sources, consent campaigns and instruction, gender identity, teen domestic violence, sex trafficking, inclusive sexual health education, parent/family information in languages other than English, and pregnancy tests and condoms for school nurse offices).

## **Professional Development**

Twenty-one training workshops were provided in FY 2019 for 386 teachers, school nurses, and other educators. Educators from 60 school districts and over a dozen community-based organizations received training on foundational skills for the provision of sexual health education, and on the KNOW and FLASH curricula, which are the two most widely used SHE curricula in Washington. Welcoming Schools training was provided in partnership with School's Out Washington to support schools in creating safe and inclusive school climates by welcoming diverse families, preventing bias-based bullying and creating LGBTQ inclusive schools.

OSPI staff put on workshops at 11 professional conferences and webinars, providing continuing education to over 200 school staff and other stakeholders on sexual health education best practices and linkages with topics such as sexual violence, educational equity, career and technical education, migrant health, special education, and social emotional learning.

### **Data Collection and Reporting**

OSPI receives funding from the Centers for Disease Control and Prevention (CDC) to conduct the [School Health Profiles Survey](#) in even-numbered years. Schools providing instruction in grades 6–12 are randomly selected to participate in this voluntary survey, which is completed by principals and lead health teachers. A supplemental survey was added in 1988 to meet a Healthy Youth Act requirement for the collection of information on sexual health curricula used by Washington schools. OSPI reports the results from this survey to the Legislature every two years.

Data from Profiles is provided to participating schools by the CDC. Statewide data is provided by OSPI through [fact sheets](#), [legislative reports](#), conference presentations, and the [website](#). A fact sheet with 2018 data is under development and will include 2018 Healthy Youth Survey data.

In order to collect more complete data on the provision of sexual health education, OSPI added questions in the spring of 2018 to a different, required survey of school districts. Districts must now report whether they provide sexual health education, in which grade bands, and which curricula they use. The first report from this survey will be available in October 2019.

### **Interagency Coordination and Collaboration**

OSPI staff responded to requests to contribute to reports developed by the Governor's Interagency Council on Health Disparities and the Governor's End AIDS Committee. OSPI's sexual health education staff represented OSPI on several workgroups and interagency collaborative efforts, including:

- Healthy Youth Survey Planning Committee
- Social Emotional Learning Benchmarks & Indicators Workgroup
- Social Emotional Learning curriculum grants dissemination
- Washington Youth Sexual Health Plan  
Sexual Violence Prevention Campaign

## **Erin’s Law**

House Bill 1539 (known as Erin’s Law), passed by the Legislature in 2018, directed OSPI to work with the Department of Children, Youth, and Families to develop a coordinated program for child sexual abuse prevention in K–12 schools. The SHE unit was assigned responsibility for implementing this legislation. A budget proviso supported most of this work. Staff convened four regional meetings to gather advice and comments from relevant stakeholders, conducted a curriculum review, and convened a statewide workgroup to develop recommendations for schools. Work was completed at the end of FY 2019 and related reports are posted on [OSPI's Erin’s Law webpage](#).

## **Conclusion and Next Steps**

The Office of Superintendent of Public Instruction (OSPI) plays a key role in supporting Washington’s school districts as they implement evidence-informed sexual health education that is consistent with the Healthy Youth Act, the 2005 Guidelines for Sexual Health Information and Disease Prevention, and the Health Education K–12 Learning Standards. Districts rely on OSPI for resources, technical assistance, and professional development to ensure they meet statutory requirements.

Next steps include convening a workgroup to study comprehensive sexual health in Washington, per House Bill 1109, Sec. 501 (3)(h), the 2019–21 Operating Budget. Results of the workgroup’s efforts are due to the Legislature and governor by December 1, 2019. The SHE unit will also be implementing Erin’s Law for a second year.

## **Acknowledgments**

The Sexual Health Education unit, which is part of OSPI’s Learning and Teaching division, relies on partners from governmental and non-governmental agencies to support its work. Dozens of volunteers contributed to Erin’s Law implementation efforts and participate in regular curriculum reviews.

# APPENDICES

## Appendix A:



# 2015–17 Reviewed HIV/Sexual Health Instructional Materials

## Consistency with Washington State Requirements

The Office of Superintendent of Public Instruction (OSPI) conducts regular reviews of HIV prevention and sexual health instructional materials, both comprehensive and supplemental, to assess their consistency with the AIDS Omnibus Act ([RCW 28A.230.070](#)), the 2005 [Guidelines for Sexual Health Information and Disease Prevention](#) and the further requirements of the Healthy Youth Act ([RCW 28A.300.475](#)). Commonly used titles are reviewed, along with materials under consideration by districts in our state as reported through the School Health Profiles Survey or correspondence with OSPI.

The following list includes titles reviewed in 2015 and 2017 – titles reviewed in 2009 and 2011 may have been revised since those reviews were conducted, or may no longer be medically or scientifically accurate. Districts that are using, or want to use these titles (or titles that have not been reviewed) may use [instructional materials review instruments](#) to assess current suitability for use. Medical accuracy reviews should be conducted by the WA Department of Health or a local health department, in accordance with state law.

The 2015 and 2017 reviews found materials either “consistent,” “consistent with modification” (minor or significant), or “not consistent” with state legislative requirements. All reviews are available on OSPI’s [Instructional Materials Review Reports and Tools webpage](#).

The following list from the [2017 review](#) represents titles found to be consistent with state requirements, or consistent with modifications. Reviewer comments are located under the “comments” link accessed by clicking on the title in the review.

Title	AIDS Omnibus Act Consistency	Healthy Youth Act Consistency
All4You2! (HS, 2015 edition)	Yes	Yes
FLASH (HS, 2015 edition; MS, 2016 edition)	Yes	Yes
Great Body Shop (grades 3-5, 2016 edition)	Yes	Yes

<b>Title</b>	<b>AIDS Omnibus Act Consistency</b>	<b>Healthy Youth Act Consistency</b>
Rights, Respect, Responsibility (3Rs) (K-12, 2015 edition)	Yes	Yes
Teen Talk (grades 11-12, 2015 edition)	With modification	Yes
Understanding HIV video (grade 6, 2016 edition)	Yes, with use of teacher's guide	n/a

The following list from the [2015 review](#) represents titles found to be consistent with state requirements, or consistent with modifications. Reviewer comments are located under the "comments" link accessed by clicking the on title in the review.

<b>Title</b>	<b>AIDS Omnibus Act Consistency</b>	<b>Healthy Youth Act Consistency</b>
Be Proud, Be Responsible (HS, 2014 edition)	With modification	With modification
Get Real (HS and MS, 2014 edition)	Yes	Yes
Health Smart 5 (grade 5, 2007 edition)	n/a	With modification
It's All One (HS, 2011 edition)	n/a	With modification
Positive Prevention Plus (HS, 2016 edition)	Yes	With minor modification
HIV & Me: Marissa's Story video (grade 5, 2014 edition)	Yes, with use of teacher's guide	n/a

The following list from the 2017 review represents titles found to be NOT consistent with state requirements, or consistent only with significant modifications. Reviewer comments are located under the "comments" link accessed by clicking the title on the [2017 review webpage](#):

<b>Title</b>	<b>AIDS Omnibus Act Consistency</b>	<b>Healthy Youth Act Consistency</b>
Don't Take Love Lying Down (book, DVD, MS, HS, 2003 edition) Note: according to the publisher's website, the book and DVD are consistent with the presentation offered to schools)	No	No

The following list from the 2015 review represents titles found to be NOT consistent with state requirements, or consistent only with major modifications. Reviewer comments are located under the "comments" link accessed by clicking the title on the [2015 review webpage](#):

Title	AIDS Omnibus Act Consistency	Healthy Youth Act Consistency
Choosing the Best Journey (grades 9-10, 2009 edition)	No	No
Choosing the Best Soul Mate (grades 11-12, 2008 edition)	No	No
Life Skills and Healthy Choices (MS, 2010 edition)	With significant modification	No
Making Proud Choices! School Edition (MS, 2014 edition)	With significant modification	With significant modification
Real Essentials (MS, HS, 2013 edition; originally published as "Get REAL" and "WAIT")	n/a	No
Teen Health (Glencoe, MS, 2014 edition)	With modification	With significant modification

## Appendix B: Sexual Health Education Research Brief

Included on the following page.



# Youth at Risk – the Need for Sexual Health Education in Schools

## Background



In 2007, the Washington State Legislature found that “young people should have the knowledge and skills necessary to build healthy relationships, and to protect themselves from unintended pregnancy and sexually transmitted diseases, including HIV infection.

The primary responsibility for sexual health education is with parents and guardians. However, this responsibility also extends to schools and other community groups. It is in the public’s best interest to ensure that young people are equipped with medically and scientifically accurate, age-appropriate information that will help them avoid unintended pregnancies, remain free of sexually transmitted diseases, and make informed, responsible decisions throughout their lives.”

As passed in 2007, the Healthy Youth Act provides guidance to districts that choose to provide sexual health education. Sexual health education can be defined as “the provision of information about bodily development, sex, sexuality, and relationships, along with skills-building to help young people communicate about and make informed decisions regarding sex and their sexual health” (Advocates for Youth, 2014).

Since 2007, youth in Washington and across the nation have experienced significant increases in rates of sexually transmitted diseases (STDs), particularly chlamydia. Many youth also report experiencing sexual coercion and sexual violence. These trends suggest that more must be done to protect the health and wellbeing of our youth.

## STDs – A Silent Epidemic



Young people ages 15–24 represent 25% of the sexually active population but acquire half of all new STDs (Centers for Disease Control and Prevention, 2018).

The rate of reported cases of chlamydia, gonorrhea, and syphilis

increased for both sexes among adolescents (15–19 years) and young adults (20–24 years) from 2012 to 2016 (CDC, 2018). In Washington, STD rates increased during that same period by 7% among 15–17 year olds and 26% among 18–19 year olds (Department of Health, 2018).

## Sexual Coercion, Sexual Violence, and Relationship Violence

A nationally representative survey of adults done in 2010–12 found that approximately one in three (36.3%) women and one in six (17.1%) men reported experiencing some form of sexual violence in their lifetime. Among women who had been raped, 41.3% reported that they first experienced rape before the age of 18 (Smith et al., 2017).



**1 in 3**  
girls are victims of sexual violence before they graduate

**1 in 6**  
boys are victims of sexual violence before they graduate

“The rates of sexually transmitted diseases (STDs) experienced by Washington youth are increasing at such a fast rate that it is now a health crisis. Students are also reporting high rates of sexual violence and coercion. Research tells us that with a fact-based comprehensive sexual health education where students build skills related to communication and safety; STD, pregnancy, and sexual violence rates decrease.”

–Chris Reykdal, Superintendent of Public Instruction

In Washington state, 12.3% of 8th graders, 18.9% of 10th graders, and 25.2% of 12th graders have been forced into kissing, sexual touch, or intercourse when they did not want to. Female students who identify as multi-racial experience higher rates of victimization than their white counterparts (2018 Healthy Youth Survey).

A new Healthy Youth Survey question introduced in 2018 shows that 24.6% of 8th graders, 31.1% of 10th

graders, and 31.4% of 12th graders have seen someone around their age pressure someone else to kiss, touch, or have sex when they did not want to (Healthy Youth Survey, 2018).

In 2018, 5.8% of 8th graders, 9.5% of 10th graders, and 10.4% of 12th graders had their activities limited or were threatened by someone they were dating (2018 Healthy Youth Survey).

## School Safety and the Need for Inclusive Education

Schools nationwide can be hostile environments for a distressing number



of lesbian, gay, bisexual, transgender, or queer (LGBTQ) students. The overwhelming majority of these students routinely hear anti-LGBTQ language and experience victimization and discrimination at school. As a result, many

LGBTQ students avoid school activities or miss school entirely (Kosciw et al., 2018).

Compared to students in schools without an LGBTQ-inclusive curriculum, LGBTQ students in schools with an LGBTQ-inclusive curriculum were:

- less likely to hear “gay” used in a negative way often or frequently (51.5% vs. 74.7%);
- less likely to feel unsafe because of their sexual orientation (41.8% vs. 63.3%) and gender expression (34.6% vs. 47.0%); and experienced lower levels of victimization related to their sexual orientation and gender expression (Kosciw et al., 2018).

In Washington state, 11.7% of 8th graders, 9.1% of 10th graders, and 7.4% of 12th graders reported being harassed in the past 30 days because someone thought they were gay, lesbian, or bisexual (Healthy Youth Survey, 2018).

## Comprehensive Sexual Health Education – The Evidence



**84%**

of self-identified Republican and Democrat parents and guardians support sexual health education in high school

Parents and guardians overwhelmingly support sexual health education, with more than 93% placing high importance on sexual health education in both middle and high school – regardless of political affiliation. At least 84% of parents and guardians that identify as Republicans or Democrats support the inclusion of a wide range of topics in high school,

including puberty, healthy relationships, sexual orientation, abstinence, STDs, and birth control. More than 78% of parents and guardians support teaching those topics in middle school (Kantor & Levitz, 2017).

Research has repeatedly found sexual health education that provides accurate, complete, and developmentally appropriate information on sexuality, including risk-reduction strategies and contraception, helps young people take steps to protect their health, including delaying sex, using condoms or contraception, and being monogamous (Advocates for Youth, 2014).

National research assessed the impact of sexuality education on youth sexual risk-taking for young people ages 15–19 and found that teens who received comprehensive sex education were 50% less likely to experience pregnancy than those who received abstinence-only-until-marriage education programs (Kohler et al., 2008).

Undergraduate women who received sexual health

education before college that included instruction in how to say no to sex (refusal skills training) were half as likely to have been assaulted in college. Students who received abstinence-only instruction did not have significantly reduced experiences of campus sexual assault (Santelli, et al., 2018).

The Centers for Disease Control and Prevention (2016) lists comprehensive sexual health education as one of several evidence-based approaches to reducing sexual violence.

Comprehensive sexual health education promotes social and emotional competencies that contribute to academic achievement, reduced risk-taking, and healthy relationships (Future of Sex Education, 2016).

## References

Advocates for Youth, Sexuality Education. (August 4, 2014). Building an evidence- and rights-based approach to healthy decision-making. Retrieved from <http://advocatesforyouth.wideeyeclient.com/resources/fact-sheets/sexuality-education-2/>

Centers for Disease Control and Prevention. (July 24, 2018). STDs in Adolescents and Young Adults. Retrieved from <https://www.cdc.gov/std/stats17/adolescents.htm>

Future of Sex Education. (June 2016). Building a Foundation for Sexual Health Is a K–12 Endeavor: Evidence Underpinning the National Sexuality Education Standards. Retrieved from <http://www.futureofsexed.org/buildingfoundation.html>

Healthy Youth Act, RCW 28A.300.475 (2007).

Kosciw, J. G., Greytak, E. A., Zongrone, A. D., Clark, C. M., & Truong, N. L. (2018). The 2017 National School Climate Survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation’s schools. New York: GLSEN. Retrieved from <https://www.glsen.org/sites/default/files/GLSEN%202017%20National%20School%20Climate%20Survey%20%28NSCS%29%20-%20Full%20Report.pdf>

Kantor, L., & Levitz, N. (July 3, 2017). Parents’ views on sex education in schools: How much do Democrats and Republicans agree? PLOS ONE, 12(7), 1–9. Retrieved from <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0180250>

Kohler P.K., Manhart L.E., & Lafferty W.E. (April 2008). Abstinence-only and comprehensive sex education and the initiation of sexual activity and teen pregnancy. Journal of Adolescent Health, 42(4), 344–351. Retrieved from [https://www.jahonline.org/article/S1054-139X\(07\)00426-0/fulltext](https://www.jahonline.org/article/S1054-139X(07)00426-0/fulltext)

Santelli, J. S., Grilo, S. A., Choo, T., Diaz, G., Walsh, K., Wall, M., Hirsch, J. S., Wilson, P. A., Gilbert, L., Khan, S., & Mellins, C. A. (November 14, 2018). Does sex education before college protect students from sexual assault in college? PLOS ONE, 13(11), 1–18. Retrieved from <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0205951>

Smith, S. G., Zhang, X., Basile, K. C., Merrick, M. T., Wang, J., Kresnow, M., & Chen, J. (April 2017). The national intimate partner and sexual violence survey: 2010–2012 State Report. Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf>

Washington Healthy Youth Survey. Additional Reports. Retrieved from <https://www.askhys.net/Reports/Additional>

Washington State Department of Health. Communicable Diseases and Chronic Conditions, Sexually Transmitted Disease. Retrieved from <https://www.doh.wa.gov/DataandStatisticalReports/DiseasesandChronicConditions/SexuallyTransmittedDisease>



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