



Office of Superintendent of Public Instruction
Chris Reykdal, State Superintendent

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REPORT TO THE LEGISLATURE

Comprehensive Sexual Health Education Workgroup

2019

Authorizing legislation: [ESHB 1109 Section 501 \[3\]\[h\]](#)

Kathe Taylor, Ph.D.

Assistant Superintendent of Learning and Teaching

Prepared by:

- **Laurie Dils**, Sexual Health Education Program Supervisor
laurie.dils@k12.wa.us | 360-725-6364

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Executive Summary

At the direction of the Legislature, the Office of Superintendent of Public Instruction convened the Sexual Health Education Workgroup to review sexual health education provisions in current K–12 student learning standards and in state law, and to consider the merits and challenges of requiring all K–12 schools to offer comprehensive sexual health education in all grades by September 1, 2022.

The Workgroup members agree all students would benefit from K–12 comprehensive sexual health education. Given concerns from the public about instruction being age-appropriate in the early grades, the Workgroup recommends that any requirement clarifies the expected content of instruction, especially in grades K–3.

Introduction

The 2019 Washington State Operating Budget (House Bill 1109, Section 501 [3][h]) required the Office of Superintendent of Public Instruction (OSPI) to convene a workgroup to complete the following tasks related to sexual health education:

- 1) Review provisions related to sexual health education in the 2016 Health Education K–12 Learning Standards.
- 2) Review existing sexual health education curricula in use in the state for the purpose of identifying gaps or potential inconsistencies with the Learning Standards.
- 3) Consider revisions to sexual health provisions in state law.
- 4) Consider the merits and challenges associated with requiring all schools to offer comprehensive sexual health education (CSHE) to students in all grades by September 1, 2022.
- 5) Submit findings and recommendations to the State Board of Education, Department of Health, and the education committees of the House of Representatives and Senate by December 1, 2019.

Workgroup Membership

The legislation specified that the workgroup consist of the following members:

- The Superintendent of Public Instruction or the Superintendent’s designee.
- Three school district representatives recommended by the Washington State School Directors’ Association, reflecting diversity of student enrollment, geographic location, and urban/suburban/rural locations.
- Three school principals recommended by an association of Washington School Principals, reflecting diversity of student enrollment, geographic location, and urban/suburban/rural locations.
- Three public school health educators recommended by an association of Washington educators, one each representing grades K–5, 6–8, and 9–12; and reflecting diversity of urban/suburban/rural locations.
- Three public health officials, as least two of whom are local and with expertise in developing or presenting CSHE materials and resources, as recommended by the Department of Health (DOH), and reflecting diversity of urban/suburban/rural locations.
- Three parents, one with a child enrolled in a public school west of the Cascades and one east of the Cascades, recommended by an association of parents, teachers, and students; one with a child receiving special education services, recommended by an

association of parents, teachers, and students that focuses on the needs of students receiving special education services.

Appendix A includes the list of workgroup members.

Meetings

The Sexual Health Education (SHE) Workgroup met four times in August through September with two in-person meetings and two virtual meetings. [Agendas and meeting notes are available on OSPI's Sexual Health Education Workgroup webpage.](#)

Sexual Health Education in Washington State: Data and Resources to Inform the Workgroup

Washington State K–12 Learning Standards

[Health and Physical Education K–12 Standards](#) currently include optional grade-level outcomes for sexual health education (SHE) in grades K–12 that reflect comprehensive SHE as described by the Healthy Youth Act and *Guidelines for Sexual Health Information and Disease Prevention*. The Workgroup reviewed the Learning Standards and grade-level outcomes for sexual health.

Grade-level outcomes for instruction in grades K–3 emphasize healthy relationships and abuse prevention, with a focus on encouraging respect and compassion for others. In grades 4 and 5, SHE instruction expands to include human growth and development, the basics of reproduction, HIV prevention, and self-identity. In grades 6 through high school, SHE further expands to include consent, anatomy and physiology, pregnancy, sexually transmitted disease and pregnancy prevention, and Washington state laws regarding sexual health and sexual abuse.

Sexual Health Education Curriculum

If school districts decide to offer sexual health education, they must use instructional materials that are consistent with the provisions of the Healthy Youth Act (Revised Code of Washington [RCW] 28A.300.475), meaning they are medically and scientifically accurate, age-appropriate, and inclusive of all students. Schools may use curricula and other instructional materials that have been reviewed by the Office of Superintendent of Public Instruction (OSPI) and the Department of Health (DOH) for consistency with these provisions or may choose to review materials themselves. OSPI provides tools for districts to use when conducting their own reviews.

Since 1996, OSPI has collected sexual health curriculum data using the School Health Profiles Survey (Profiles), a voluntary survey administered every two years to a random sample of secondary schools in the state. Profiles, developed by the Centers for Disease Control and Prevention, also asks schools to report on general health instruction. Starting in the 2018–19 school year, OSPI collected data on sexual health curricula being used in public schools through a required Health Assessment survey of all districts. The Health Assessment survey also asks districts to report on general health and physical education instruction. Both the Health Assessment survey and Profiles were administered in 2018 and OSPI provided data from both surveys to Workgroup members.

In the Health Assessment survey, districts were asked to report:

- Do you provide sexual health education?
- If yes, in which grades (K–5, 6–8, 9–12)?
- If yes, what curricula are you using?

Of the 285 responding districts, 93% reported providing sexual health education in at least one grade band:

- K–5: 64.7%
- 6–8: 86.1%
- 9–12: 75.2%

Districts reported using a variety of reviewed curricula that have been determined to meet requirements in state law:

- FLASH: 38.3%
- KNOW: 38.7%
- Rights, Respect, Responsibility: 3.8%
- Get Real (ETR): 1.9%

A significant number of districts (42.1%) reported using district-developed curricula or “other” curricula (17.7%), which means their materials may have not been reviewed for consistency with state requirements.

Two districts reported using curricula that were found to be inconsistent with state requirements, although Profiles results and anecdotal reports indicate these and other inconsistent titles are actually being used by several schools in the state. Health Assessment and Profiles results are included in Appendices B and C.

Public Health Data

OSPI consulted with the Washington State School Directors’ Association (WSSDA) and collaborated with DOH to provide the Workgroup with public health data on rates of teen pregnancy, sexually transmitted diseases, suicide, depression, and adverse childhood experiences for each of the five previous years for which data was available. Data were provided by DOH and from the Healthy Youth Survey (HYS), a biennial survey about the health of adolescents in Washington state. The HYS is a collaborative effort by OSPI, DOH, the Department of Social and Health Service’s Division of Behavioral Health and Recovery, the Health Care Authority, and the Liquor and Cannabis Board.

The 2019 Washington State Operating Budget (House Bill 1109, Section 501 [3] [h][i][B]) also required OSPI to submit the data survey to the committees of the Legislature with jurisdiction over matters related to education and health care, as well as the governor. [A complete Data Survey Report is available on the OSPI website.](#)

Stakeholder Feedback

OSPI surveyed the public to gather feedback from a broad array of stakeholders across the state. The online survey was available in two languages, English and Spanish, and was open for seven weeks to provide ample opportunity for stakeholders to inform the Workgroup's work. OSPI received more than 10,000 responses to the survey. Members of the Workgroup received all survey responses for review, as well as a summary report.

Overall, 58% of survey respondents said comprehensive sexual health education (CSHE) should not be required in grades K–12, and 42% said that it should be required.

Of those who said it should not be required, concerns centered around the following themes:

- The definitions of "age appropriate" and "comprehensive," especially regarding students in grades K–3.
- Potential content, particularly on topics considered controversial.
- Logistics, e.g., funding and finding time for instruction.
- Personal objections, e.g., religious beliefs and belief that sexual health education should not be taught in schools.

Of those who said CSHE should be required, support centered around the following themes:

- Increased access to information for all students.
- Positive health outcomes, e.g., personal safety, healthy relationships, and public health.
- Inclusion of communities and health needs that tend to be left out of the discussion.

A summary of themes from the public comment survey is included in Appendix D. A summary report of survey responses is included in Appendix E. A full report of all public comments is available from OSPI upon request, at 360-725-6363.

In addition to the survey, Workgroup meetings were open and available to the public, and a public comment period was provided at both in-person meetings.

Several Workgroup members presented case studies of CSHE work in their districts, including curriculum review and adoption and public engagement.

Students from the Legislative Youth Advisory Council (LYAC) and the Okanogan County Youth Leadership Council made presentations to the Workgroup regarding their experiences with school-based sexual health education and their recommendations for improving CSHE statewide.

Review of State Laws

There are several state laws addressing specific sexual health content in the public schools:

- RCW 28A.230.020 (Common School Curriculum) requires that "all teachers shall stress the importance of...methods to prevent exposure to and transmission of sexually transmitted diseases..."
- The AIDS Omnibus Act (RCW 28A.230.070) requires all public schools to provide annual HIV/AIDS prevention instruction, beginning no later than grade 5. Such instruction must be medically accurate and age-appropriate and must address the "life-threatening dangers" of HIV/AIDS as well as how HIV is transmitted and prevented.
- The Healthy Youth Act (RCW 28A.300.475) states that the decision to offer sexual health education is a matter for determination at the district level by the local school board. Any district that chooses to provide sexual health education must ensure it is medically and scientifically accurate; age-appropriate; and appropriate for students regardless of gender, race, disability status, or sexual orientation; and includes information about both abstinence and other methods of preventing pregnancy and sexually transmitted diseases.

In addition, if districts offer sexual health education, they must include information on sex offenses when victims are minors (RCW 28A.300.145).

Findings and Recommendations

The Sexual Health Education Workgroup agreed that all students in Washington’s public schools should have access to comprehensive sexual health education (CSHE) in grades K–12. Mandating CSHE is an issue of equity and would help to ensure all students across the state receive quality, evidence-informed instruction, regardless of who they are or where they live. The Workgroup found that several groups are often excluded from relevant, inclusive instruction, including students in out of home care, students with disabilities, students who identify as LGBTQ+, and English learners, among others.

Due to some of the public’s concerns regarding the nature of CSHE for younger students, members of the Workgroup proposed that any effort to require CSHE include language clarifying specific topics for K–3.

Merits of Requiring K–12 CSHE

Educational Equity

Comprehensive sexual health education seeks to ensure educational equity for *all* students through the use of the K–12 Health Education Learning Standards. Age-appropriate instruction and social-emotional learning create foundational elements for sexual health.

Access

Requiring CSHE in grades K–12 increases the likelihood that all students will have access to relevant instruction, regardless of geographic location, disability status, sports involvement (which often results in students being opted out of physical education), or student absence during limited days of instruction.

Health Outcomes

Research overwhelmingly and consistently shows that students who receive CSHE have better health outcomes than students who receive abstinence-only instruction or no instruction, or whose primary source of information is the internet.

Challenges of Requiring K–12 CSHE

State vs. Local Control

Each community and school district are structured differently and serve different communities. With that in mind, state mandates can limit the community's input and perspectives. The maintenance of local decision-making regarding curriculum selection (within clear parameters) can help maintain a positive relationship between school and community, which is essential to fully supporting students.

Accountability Systems

There is a lack of consistency in what is being taught within CSHE as well as the quality of instruction. If CSHE is mandated, it is vital that districts receive clear guidance on curriculum selection, as well as support in developing reporting and monitoring systems to ensure follow through of the mandate on the school's part. Accountability systems are fundamental to ensuring equity for all students across the state.

Funding and Resources

Schools are challenged with enormous expectations to produce student achievement in multiple areas and to ensure students are safe and supported at school. For CSHE to be implemented appropriately, it would require opportunities for adequate teacher training, as well as a robust list of free or low-cost curricula that are consistent with state requirements.

Recommended Revisions to State Law

The Workgroup reviewed the Healthy Youth Act (RCW 28A.300.475), the AIDS Omnibus Act (RCW 28A.230.070), Common School Curriculum Provisions related to sexually transmitted disease (STD) prevention (RCW 28A.230.020), and a requirement regarding information on sex offenses when victims are minors (RCW 28A.300.145).

The Workgroup recommends:

- Maintaining the option for parents and guardians to opt their children out of CSHE and maintaining an optional parental review of instructional materials.
- Revising the AIDS Omnibus Act language to align with recommendations provided by the Department of Health (House Bill 1551 [2019]), which would specify STD prevention rather than HIV/AIDS prevention and make parental preview and notification consistent with Healthy Youth Act requirements.

- Considering striking or clarifying the provision in the Common School Curriculum language that requires “all teachers” to provide STD prevention education.
- Considering ensuring that language regarding consent education in proposed legislation is consistent with language in the sexual offense education law.

Recommended Revisions to K–12 Learning Standards

Standards and grade-level outcomes currently reflect comprehensive sexual health education as described by the Healthy Youth Act and *Guidelines for Sexual Health Information and Disease Prevention*.

Workgroup members recommend that any subsequent revision of the standards should consider adding the provision of information regarding pornography, social media safety, sexting, and stronger coverage of affirmative consent.

Conclusion and Next Steps

When mandating statewide K–12 comprehensive sexual health education (CSHE), the Sexual Health Education Workgroup recommends the following key considerations:

- 1) **Professional Development.** Educator training is necessary to increase teacher content knowledge and comfort with the topic. In addition to providing guidance related to teaching sexual health content, it must include:
 - Information on assessing and addressing bias and sensitivity
 - Trauma-informed teaching strategies

- 2) **Clear Guidance and Support.** School districts must be provided clear guidance and support regarding:
 - A standard definition of “comprehensive sexual health education” (Workgroup members recommended considering a Washington-specific version of the definition used in the National Sexuality Education Standards)
 - Standards alignment requirements, scope, and sequence
 - Instructional time per grade level
 - Acceptable curricula/instructional materials
 - Compliance monitoring
 - Funding for teacher training and curriculum adoption

- 3) **Community and Family Partnerships.** Schools must partner with families and communities to provide resources and education regarding CSHE and to allow space for discussions over concerns.

Acknowledgments

The contributions of many people were key to this work:

- The members of the Sexual Health Education Workgroup, which are included in Appendix A.
- The Department of Health provided assistance with data collection and reporting.
- The following youth provided testimony to the workgroup:
 - Jenna Yuan and Nadine Gibson of the Legislative Youth Advisory Council.
 - Benjamin Good, Emma Alexander, and Erica Good of the Okanogan County Youth Leadership Council.
- Caitlin Lang and Lindsay Herendeen of the State Board of Health provided results of their Health Impact Review concerning comprehensive sexual health education.

References

Washington State Board of Health. 2019. Health Impact Review of ESSB 5395 Concerning Comprehensive Sexual Health Education. Retrieved from <https://sboh.wa.gov/Portals/7/Doc/HealthImpactReviews/HIR-2019-19-ESSB5395.pdf?ver=2019-07-30-105533-883>.

APPENDICES

Appendix A: Sexual Health Education Workgroup Members

Name	Title	Recommending Organization
Ronda Litzenberger	School Director, Eatonville School District	WA State School Directors' Association (WSSDA)
Deana Brower	School Director, Spokane Public Schools	WA State School Directors' Association (WSSDA)
Allison Tucharadt	Curriculum Director, Battle Ground School District	WA State School Directors' Association (WSSDA)
Lacey Griffiths	Assistant Principal, Long High School, Longview School District	Association of WA School Principals (AWSP)
Olga Manos	Principal, Downing Elementary – Tacoma School District	Association of WA School Principals (AWSP)
Audra Goodman	Assistant Principal, Ford Middle School – Franklin Pierce School District	Association of WA School Principals (AWSP)
Susan Sellers	Physical Education Teacher, Lynnwood Elementary – Longview School District	WA Education Association (WEA)
Amy Miller	Health Teacher, Rainier Beach High School – Seattle School District	WA Education Association (WEA)
Cece Badda	K-12 Health & Fitness Teacher, Easton School – Easton School District	WA Education Association (WEA)
Rabeeha Ghaffar	Perinatal, Women's & Adolescent Health Program Manager – Washington State	WA Dept. of Health (DOH)
Kari Kesler	Educator/Consultant III, Public Health – Seattle & King County Family Planning Program	WA Dept. of Health (DOH)
Kirsten Duncan	Lead Disease Intervention Specialist, HIV/STD Prevention Program, Spokane Regional Health District	WA Dept. of Health (DOH)
Kim Kuhne	Parent, Everett School District	WA State Parent Teacher Association (WSPTA)
Andrea Plagens	Parent, Yakima School District	WA State Parent Teacher Association (WSPTA)
Jen Cole	Parent, Everett School District	WA State Special Education Advisory Council (SEAC)
Laurie Dils	Sexual Health Education Program Supervisor – Washington State	Office of Superintendent of Public Instruction (OSPI)

Appendix B: Physical Education and Health Instruction & Assessment Report, 2018–19

1. When is Sexual Health Education taught in your district? (select all grade bands that apply or choose “District does not offer”)

Grade Bands	Percent	Total Responses
K–5 (elementary)	64.7%	172
6–8 (middle)	86.1%	229
9–12 (high)	75.2%	200
District does not offer Sexual Health Education	6.6%	19

2. What Sexual Health Education curriculum are you using? (select all that apply)

Title	Percent	Total Responses	Title Consistent with State Requirements as of 2015 or 2017 Review?
FLASH	38.3%	102	Yes
KNOW	38.7%	103	Yes
Get Real (ETR)	1.9%	5	Yes
Rights, Respect, Responsibility	3.8%	10	Yes
District created/developed curriculum	42.1%	112	Not reviewed in 2015 or 2017
Other (describe)	17.7%	47	Not reviewed in 2015 or 2017

Other (Describe)	Total Responses	Title Consistent with State Requirements as of 2015 or 2017 Review?
Great Body Shop	9	Yes
Draw the Line, Respect the Line	5	Not reviewed in 2015 or 2017
School Nurse	3	Not reviewed in 2015 or 2017
Health Smart	3	Yes
CPR for Relationships	2	Not reviewed in 2015 or 2017
My Health (CWU)	2	Not reviewed in 2015 or 2017
Always Changing	2	Not reviewed in 2015 or 2017
Pearson Health Curriculum	2	Not reviewed in 2015 or 2017
Planned Parenthood	2	Not reviewed in 2015 or 2017
AWARE	1	No
Around the Corner	1	Not reviewed in 2015 or 2017
Cardea (refers to WA PREP involvement – name of curriculum not noted)	1	Not reviewed in 2015 or 2017
Choosing the Best	1	No
Combination of titles	1	Not reviewed in 2015 or 2017
ELL programs used at other deaf schools	1	Not reviewed in 2015 or 2017
ESD contracted school nurse provides (name of curriculum not noted)	1	Not reviewed in 2015 or 2017
Glencoe Holt	1	Not reviewed in 2015 or 2017
Glencoe Health & school nurse	1	Not reviewed in 2015 or 2017
Growing Up for Girls/Boys	1	Not reviewed in 2015 or 2017
Growth & Development (grade 5 only)	1	Not reviewed in 2015 or 2017
Growth and Human Development	1	Not reviewed in 2015 or 2017
Health Curriculum (9th grade)	1	Not reviewed in 2015 or 2017
Health Education State Standards	1	Not reviewed in 2015 or 2017
Health Promotion Wave	1	Not reviewed in 2015 or 2017
Health textbook	1	Not reviewed in 2015 or 2017
Health textbook & Planned Parenthood	1	Not reviewed in 2015 or 2017
Human Growth/Puberty, HIV/AIDS, Hygiene	1	Not reviewed in 2015 or 2017
Jefferson Co. taught previously, not this year	1	Not reviewed in 2015 or 2017

Other (Describe)	Total Responses	Title Consistent with State Requirements as of 2015 or 2017 Review?
Locally developed instruction	1	Not reviewed in 2015 or 2017
MS using something other than FLASH	1	Not reviewed in 2015 or 2017
Mental Health Counselor delivered	1	Not reviewed in 2015 or 2017
Nurse Corps	1	Not reviewed in 2015 or 2017
Nurse-created presentation centered around communicable diseases and body awareness	1	Not reviewed in 2015 or 2017
OSPI	1	Not reviewed in 2015 or 2017
Just adopted FLASH to begin using next year	1	Not reviewed in 2015 or 2017
HIV and Human Growth and Development for grades 5-6	1	Not reviewed in 2015 or 2017
School nurse teaches annually and I also teach a unit on this as part of Human Growth and Development	1	Not reviewed in 2015 or 2017

Appendix C: School Health Profiles, 2018, Curricula Reported Being Used by Schools

Washington 2018 School Health Profiles
 Weighted Lead Health Education Teacher
 Survey Results from WA Supplemental Questionnaire

Schools and percentages of schools in which teachers or other presenters used any of the following sexuality education curricula for students in any of Grades 6–12. Schools were given the choice of checking “yes” for titles on a pre-populated list or adding titles in a comments box. Of the 376 schools in the sample, teachers from 273 schools completed the survey. Many schools reported using more than one title.

Curriculum Title	Schools Reporting use of Curriculum	Percent of Schools Reporting use of Curriculum	Title Consistent with State Requirements as of 2015 or 2017 Review?
Family Life and Sexual Health (FLASH)	161	59%	Yes
KNOW HIV/STD Prevention	108	40%	Yes
Health: A Guide to Wellness (Glencoe)	53	19%	Not reviewed in 2015 or 2017
Teen Health (Glencoe)	52	19%	With modifications
Healthy Relationships and Sexuality (Glencoe)	29	11%	Not reviewed in 2015 or 2017
Human Sexuality (Glencoe)	25	9%	Not reviewed in 2015 or 2017
The Great Body Shop	11	4%	Yes
Lifetime Health (Holt)	9	3%	Not reviewed in 2015 or 2017
Health Smart (ETR Associates)	8	3%	Yes
Reducing the Risk (ETR Associates)	7	3%	Not reviewed in 2015 or 2017
Draw the Line (ETR Associates)	4	1%	Not reviewed in 2015 or 2017
Life Skills	4	1%	No
SHARE	2	1%	Not reviewed in 2015 or 2017
Safer Choices (ETR Associates)	2	1%	Not reviewed in 2015 or 2017
Health (Pearson)	2	1%	Not reviewed in 2015 or 2017
Get Real (ETR)	2	1%	Yes

“Other Curricula” Reported Being used by Schools

Comments included in the Lead Health Education Teacher Survey Results from Profiles Supplemental Questionnaire related to “other curricula” used to teach sexual health education (each representing one distinct comment).

Other (Describe)	Total Responses	Title Consistent with State Requirements as of 2015 or 2017 Review?
Apex Learning	1	Not reviewed in 2015 or 2017
Choosing the Best Journey	1	No
Comprehensive Health (Goodheart-Wilcox)	1	Not reviewed in 2015 or 2017
Decisions for Health (Holt)	1	Not reviewed in 2015 or 2017
Essentials of Teaching Health Education	1	Not reviewed in 2015 or 2017
Five for Life	1	Not reviewed in 2015 or 2017
Health (Prentice Hall)	1	Not reviewed in 2015 or 2017
HOPE (Health Opportunities through Physical Education)	1	Not reviewed in 2015 or 2017
Making Proud Choices (ETR)	1	With modifications
Rights, Respect, Responsibility (3Rs)	1	Yes
Safe Dates	1	Not reviewed in 2015 or 2017
Teen AID	1	Not reviewed in 2015 or 2017
WAIT	1	No

Appendix D: Public Comment Survey Themes

Arguments Against Comprehensive Sexual Health Education (CSHE)

Compiled from OSPI Public Comment Survey between August 6 and September 22, 2019.

- Definitions
 - How is “age-appropriate” defined?
 - Concern about students being exposed to graphic material
 - Concern about students being exposed to concepts which will cause them to engage in sexual activity or homosexuality
 - How is “comprehensive” defined?
 - Concern that it would be integrated into every subject
- Content
 - Gender identity/LGBTQIA+ education is contentious
 - Concerns that elementary students are too young for this material

- Concerns about teaching students all together rather than separated by gender
- Concerns about the FLASH curriculum
- Concerns that this kind of education could lead to more sexual assaults, pregnancy, gender confusion, etc.
- Logistics
 - Adds to the burden of teachers
 - Cost/lack of funding/unfunded mandate
 - Particularly in small districts without a lot of resources
- Personal objections
 - Should be the responsibility of parents or it takes away parental rights
 - Goes outside the responsibility of schools
 - Stick to reading, writing, and math
 - Is a violation of religious rights
 - Not interested unless parents/guardians can opt their kids out
 - Concerns about options for parents/guardians to review material
 - How much flexibility will individual communities have in choosing curriculum?
 - "Let kids be kids"
 - Parents/guardians will pull their kids out of public schools

Arguments for Comprehensive Sexual Health Education (CSHE)

Compiled from OSPI Public Comment Survey between August 6 and September 22, 2019.

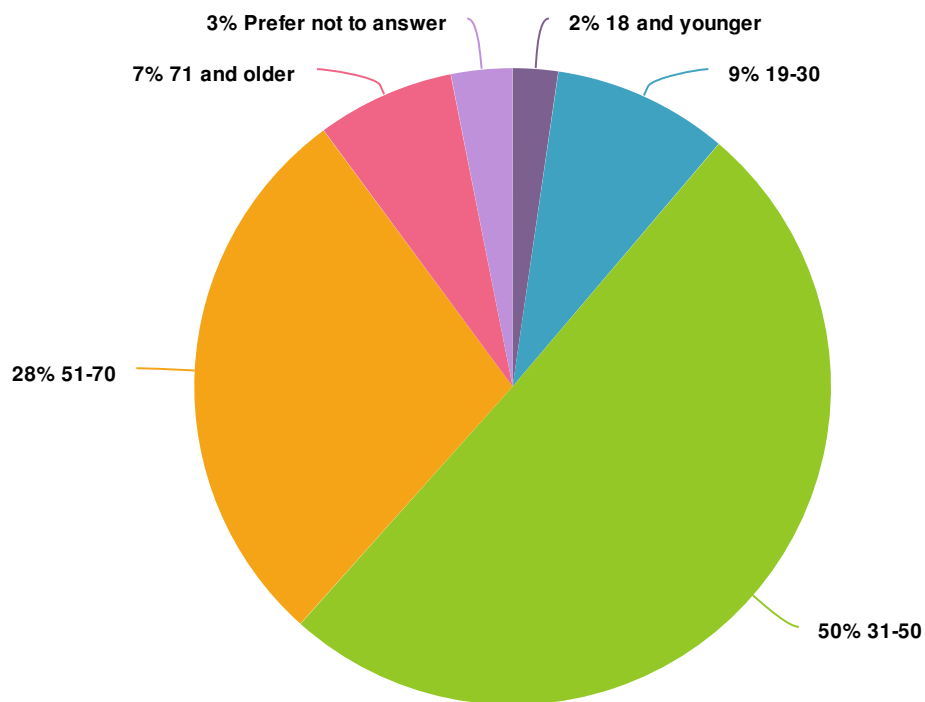
- Definitions
 - How is comprehensive defined?
 - Should be inclusive of all students
 - Should include consent education
- Safety/overall health
 - Data supports positive health outcomes for students receiving comprehensive sexual health education
 - Important for students to have an adequate understanding of human biology
 - Lack of this information leads to negative health outcomes
 - Allows children to be knowledgeable and proactive when making decisions about their bodies
 - Vulnerable populations like young children, students with disabilities, and others need to understand consent and bodily autonomy. This is an important part of abuse prevention
 - Sexual health and health education are closely related

- Education about healthy relationships is important to reducing sexual violence and improved emotional health
- Leads to lower STD rates, fewer unplanned pregnancies, fewer abortions
- Gives students the skills to recognize and reduce risky situations
- Misinformation is a problem, and it can lead to negative health outcomes
 - If students don't learn through school, they can learn from other, potentially inaccurate sources
- Allows for inclusion of LGBTQ+ folks
 - Much of the sexual health education that is implemented currently does not address the health needs of the LGBTQ+ community
- Concerns about abstinence-only education
 - Often not medically or scientifically accurate
 - Data does not support positive health outcomes
 - Can cause harm if based in shame
- Many children will not learn about this at home
 - Better informed youth grow into more prepared adults

Appendix E: Public Comment Survey Summary

Report for Sexual Health Education Work Group Public Comment Survey - 2019

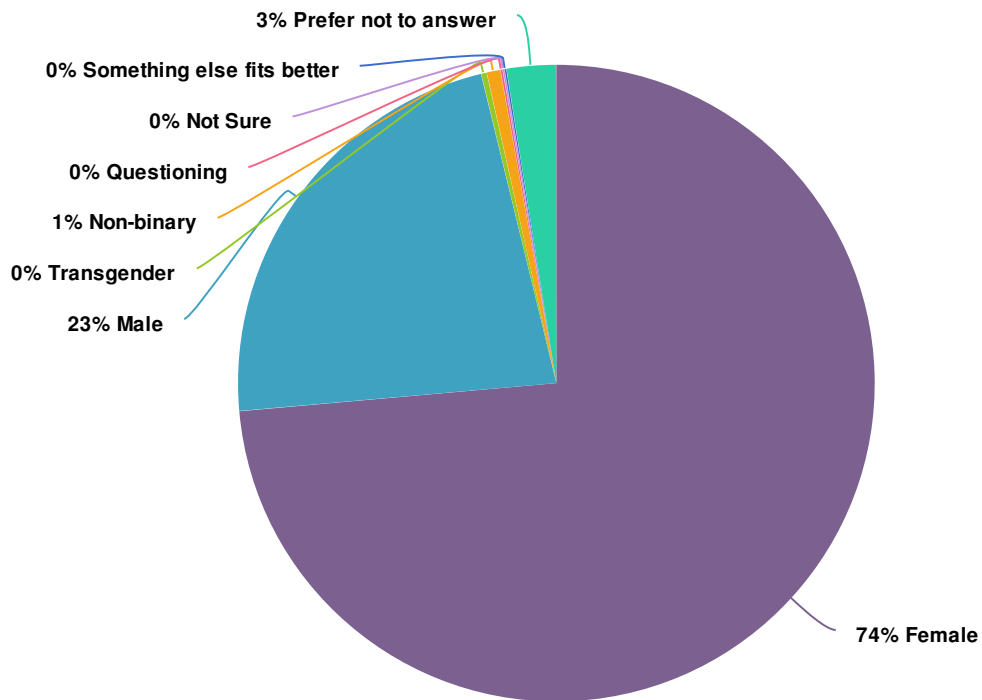
1. Age:



Value	Percent	Responses
18 and younger	2.3%	226
19-30	8.9%	861
31-50	50.3%	4,844
51-70	28.2%	2,717
71 and older	7.0%	675
Prefer not to answer	3.1%	298

Totals: 9,621

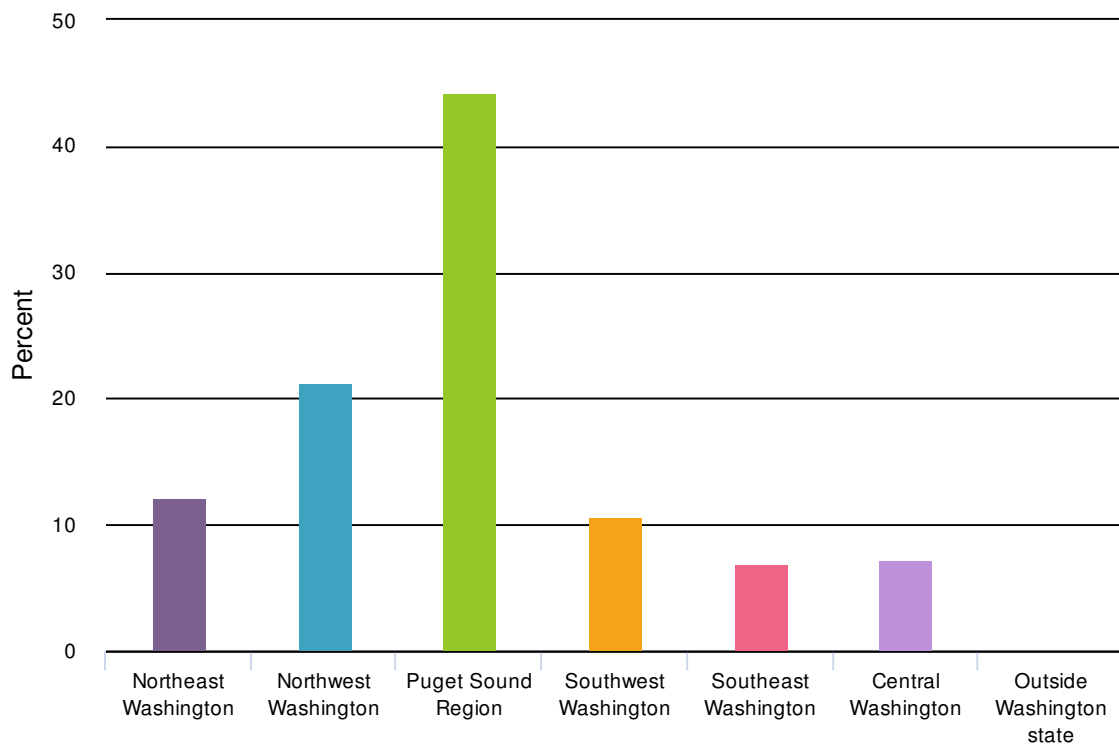
2. Gender:



Value	Percent	Responses
Female	73.6%	7,084
Male	22.6%	2,174
Transgender	0.3%	31
Non-binary	0.7%	66
Questioning	0.1%	
Not Sure	0.1%	7
Something else fits better	0.1%	11
Prefer not to answer	2.5%	241

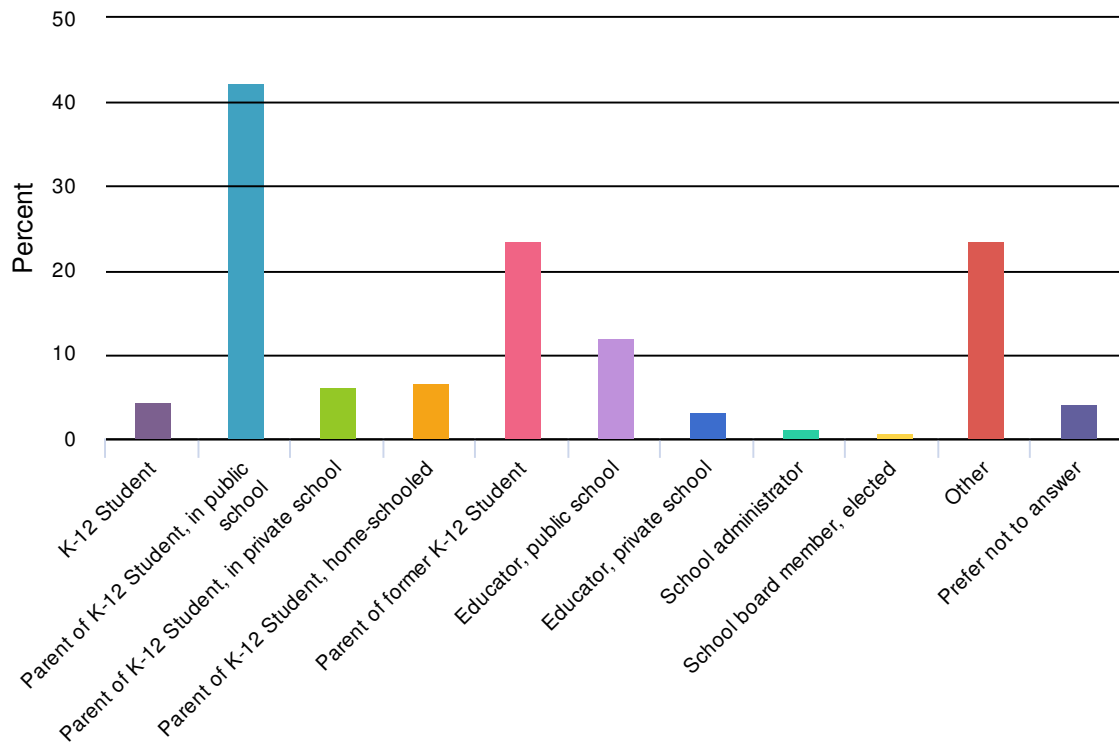
Totals: 9,621

3. Residence:



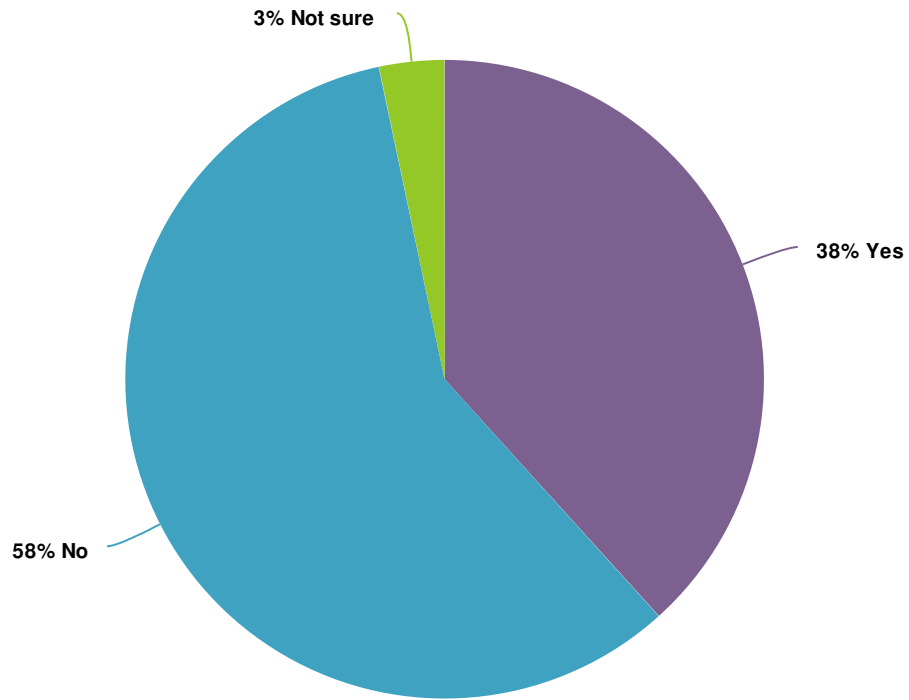
Value	Percent	Responses
Northeast Washington	12.2%	1,255
Northwest Washington	21.3%	2,182
Puget Sound Region	44.3%	4,542
Southwest Washington	10.7%	1,093
Southeast Washington	6.9%	704
Central Washington	7.3%	753
Outside Washington state	0.1%	14

4. Check all that apply:



Value	Percent	Responses
K-12 Student	4.5%	439
Parent of K-12 Student, in public school	42.4%	4,171
Parent of K-12 Student, in private school	6.3%	617
Parent of K-12 Student, home-schooled	6.6%	653
Parent of former K-12 Student	23.7%	2,332
Educator, public school	12.0%	1,176
Educator, private school	3.2%	313
School administrator	1.2%	118
School board member, elected	0.7%	73
Other	23.7%	2,333
Prefer not to answer	4.2%	409

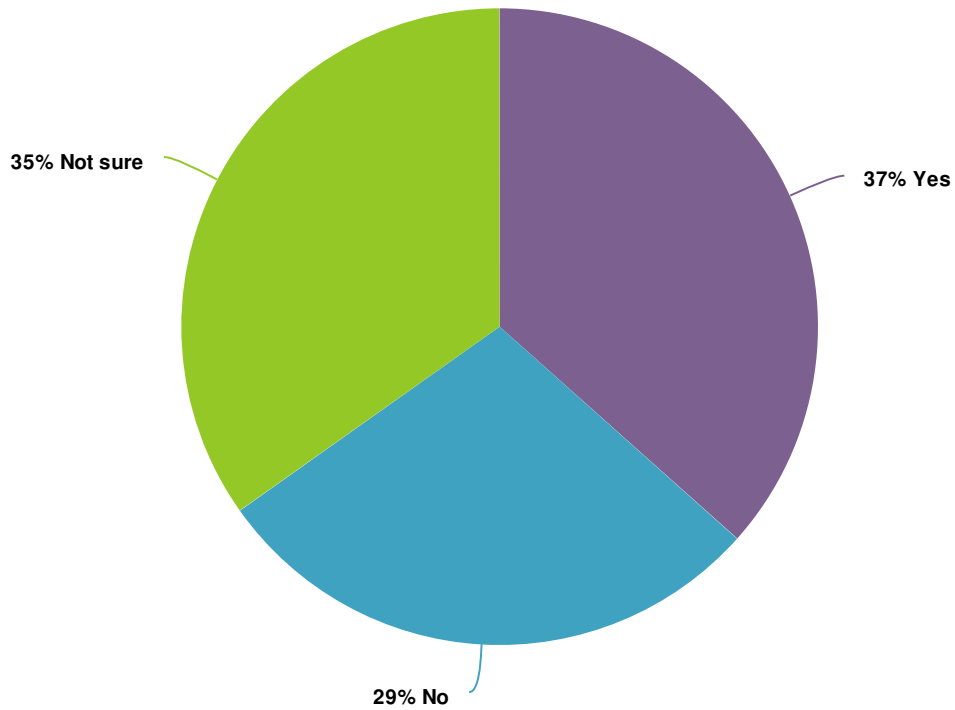
5. Should comprehensive, age-appropriate, medically accurate sexual health education be required for all students in grades K-12?






Value	Percent	Responses
Yes	38.3%	3,869
No	58.4%	5,894
Not sure	3.3%	329

Totals: 10,092

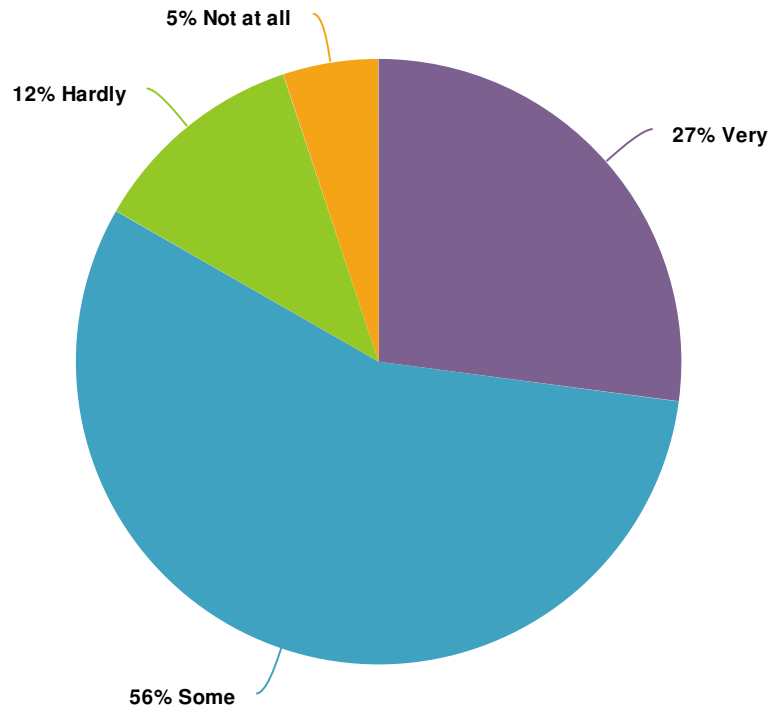
6. Are changes needed to current statutes related to sexual health education (e.g. Healthy Youth Act, AIDS Omnibus Act)?



Value		Percent	Responses
Yes		36.6%	3,699
No		28.6%	2,887
Not sure		34.8%	3,513

Totals: 10,099

7. How familiar are you with the Washington State K-12 Learning Standards



Value	Percent	Responses
Very	27.1%	2,723
Some	56.2%	5,656
Hardly	11.6%	1,167
Not at all	5.1%	513

Totals: 10,059



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Chris Reykdal • State Superintendent
Office of Superintendent of Public Instruction
Old Capitol Building • P.O. Box 47200
Olympia, WA 98504-7200