

# Comprehensive Sexual Health Education Instructional Materials Review 2022

## FLASH Elementary

**Year Published/Revised:** 2022 (*Note: After this review was completed, minor edits were made to the curriculum to address reviewer comments*)

**Publisher:** Public Health – Seattle & King County

**Website:** <https://kingcounty.gov/depts/health/locations/family-planning/education/FLASH/about-FLASH.aspx>

**Full or Supplemental:** Full

**Grade Level:** Elementary (grades 4-6)

**Student Population:** General

**Duration/Number of Lessons:** 15 Lessons varying in length (most 45 min. and under)

**Format and Features:** PDF (free download); hard copies available for purchase; teacher's guide and family homework assignments included

**Available in Multiple Languages:** Family materials available in Spanish

**Evidence-based/informed:** Evidence-based

**National Standards Alignment:** Yes

**Consistent with WA Health Education Standards?** Yes

**Consistent with Comprehensive Sexual Health Education Law?** Yes

**Consistent with AIDS Omnibus Act?** Yes

**Inclusive Materials/Strategies:** Yes

**Bias-Free Materials:** Yes



## Primary Subject Areas and Topics Required by Law:

- Anatomy and Physiology, Reproduction, and Pregnancy (Pregnancy for Grade 6+)
- Growth and Development/Puberty
- Self-Identity (gender stereotypes, gender identity, sexual orientation, etc.)
- Prevention (general)
  - HIV/AIDS Prevention
  - Pregnancy Prevention
  - STD Prevention
  - Health Care and Prevention Resources
- Healthy Relationships (general)
  - Affirmative Consent
  - Bystander Training
  - Intrapersonal and Interpersonal Communication Skills for Healthy Relationships
  - The development of meaningful relationships and avoidance of exploitative relationships
  - Understanding the influences of family, peers, community, and the media throughout life on healthy sexual relationships

## Reviewer Comments:

*(Note: After this review was completed, minor edits were made to the curriculum to address reviewer comments)*

### **Accuracy**

*Reviewer 223*

Minor omission regarding HIV. Text states that individuals with HIV can live longer with a doctor's help, but there is no mention that there are meds available to keep those people healthy. Doesn't need to be a lengthy discussion but should be mentioned.

*Reviewer 224*

This resource received a 3 because there are some omissions and inaccurate claims. However, the errors they tend to be of less medical significance than inaccuracies in similar resources.

Errors:

- The resource claims that sperm maturation in the epididymis takes months. In fact, total transit time through the epididymis is 10-15 days. See the article at this link for more



information (The Role of the Epididymis and the Contribution of Epididymosomes to Mammalian Reproduction by James et al 2020).

- The claim “even though kids your age are not having sex” is a generalization and not entirely true. Similarly, the claim that most teens abstain is somewhat misleading. A recent report by CDC shows that almost half of teens have had intercourse, according to self-reported data. Citations are needed for any claim about prevalence of intercourse (131).

## Full

*Reviewer 203*

Appreciate the 2022 updates. Recommend careful language in section Family Life and Sexual Health Lesson 2 with defining terms such as lesbian when a woman is attracted to another woman, and gay describing a man attracted to another man. Even if it were phrased as “commonly, some words used to describe a woman attracted to another woman may be lesbian, and gay often used to describe a man who attracted to another man.” Just would like to see the presentation include leeway for other terms to be included as well. For example, many women attracted to other women identify as being gay, as well as a woman who is attracted to another woman may not just define as lesbian, but could be bisexual.

Recommend working in smaller work groups for peer-peer activities, promoting trust, engagement, vulnerability and growth. Ex: Lesson 3 Esteem Building exercise, consider using smaller groups of 2-3 ppl instead of 4-6. It may also minimize opportunity for some participants to be left out of the activity, and allow for only those who are closer to engage with each other.

I really like the timeline of their life’s activity (Lesson 3), powerful takeaway.

Lesson 5 Friendships -Would like to see the discussion of keeping friend's secret part of the activity/lesson and note just a side note that can be missed for discussion.

Lesson 6 - Appreciate the Alternatives chart column (positive and negative alternatives).

Lesson 7 - I value the consent presentation and specific scenarios of appropriate touch.

In general, I would recommend more time spent on small peer-peer role playing, practicing and rehearsing statements that may be uncomfortable (Ex: “Can I give you a hug?”, and “I don't feel like hugging right now.”) rather than time spent on correct in depth labeling of the anatomical reproductive parts in detail. I feel that it would be time more wisely spent in rehearsing potential scenarios and conversations so that if needed, they have the tools and practice of what to say, and recollection of having said them before in role play within a safe space than focus on the vas deferens, fallopian tubes and various other anatomical parts that may be difficult to resonate/retain within this age group.



Somewhat unsure of the math conversion section in lesson 12 re: age as a decimal. Is this to integrate math into the subject and make applicable to thinking of math in a new way? Concerned it takes away from the subject of puberty, or perhaps I'm missing something here.

HIV Lesson 14 - Recommend initiating conversation by asking what they know about HIV already/ The more opportunities students can learn from other students and have peer-peer interaction, the higher chance of information being interesting and remembered (so long as it is accurate). Recommend open conversation of "Tell me what you know about HIV," before playing video on "HIV and Me - Marissa's Story." Allows for the tone to be set and potentially diffuse some fears of the subject first, so that students acquire more from the subject with a readiness to learn (fears are reduced).

Lesson 15 - Refusal Skill activity- Again recommend that the role playing is done within very small groups (2-3 ppl), rather than two students performing in front of the entire class. So important to give every chance to say the words, and practice what that feels like, and to be able to feel strong and vulnerable when practicing within a safe space.

*Reviewer 204*

Weaknesses: Minimal visual aids. Missing age-relevant references to social media, texting, posting, etc. (Standard 1 for grades 5 and 6). Lessons not mapped to specific grade levels so difficult to know which standards are being met with which lessons (unless review criteria are readily available).

Because this curriculum bridges elementary and middle school, some of the 6th grade standards are not explicitly covered. For example, Standard 1 - 6th grade: STDs are not defined or discussed, protective factors are not identified, and sexual health care services nor sending/posting explicit images is covered. Similarly, other methods of preventing unintended pregnancy and STDs, required by WA Sexual Health Education Legislative Requirements was not included.

Standard 2: I felt that the influence of friends, media, and culture was not emphasized in relation to gender roles, identity, and expression. Overall, cultural diversity/differences were not a focus.

Standard 8: Supporting peers in healthy relationships was lacking.

Several of the Bias-free Materials Requirements did not seem to apply because there were not many audiovisual resources supplied. The Family video is a nice piece, but it would be helpful if updated for non-binary inclusivity.

Strengths:

Overall, this is a brave and confident curriculum. With a robust implementation toolkit and preparation guidance for teachers, it provides a solid backbone for facilitators AND school administration/boards to feel secure in their implementation. It feels exceptionally inclusive and



medically accurate and doesn't stray from critical health messaging. It is efficient, engaging, and well organized for ease of facilitation.

*Reviewer 219*

“Strengths: FLASH offers easy to follow lesson plans with lessons that don't need a lot of preparation or extra materials. For the most part, FLASH uses gender inclusive terms and really highlights the importance of validating students and their lived experiences when it comes to gender, sexual orientation, race, ethnicity, and ability. Lessons used different learning modalities and offered a combination of scripted, lecture-based content as well as hands-on, student-led classroom activities. Each lesson has an optional component to relate the health lesson to another school subject, e.g., social studies, math, science, etc.

Weaknesses: Could be a little too childish for 6th graders - it seems to be more appropriate for 4th or 5th grade, not 6th. Scripts are provided for most lessons, but they can be long. Some lessons need 50-60 minutes for a topic, which could be too long for some students to maintain focus and attention.

*Reviewer 222*

Overall, this is a very strong curriculum, with just a few areas for improvement that I'd recommend teachers plan for:

The curriculum repeatedly conflates the terms sex and gender, which will likely confuse students as you try to actively disambiguate those terms later.

The lessons on consent & boundaries and reporting sexual abuse don't acknowledge the cultural, family, and social pressures that can impact a youth's ability to set boundaries or report sexual abuse (e.g., expectations you hug/kiss, systems involvement impacts, community rejection fears, etc.). I encourage teachers to read through the materials carefully and discuss with their colleagues how to be culturally responsive to their students ranges of experiences. Also, please build in a content warning (perhaps better framed as “brainstorm ways to take care of yourself and get help”) before discussing scenarios related to sexual abuse.

There is no guidance for differentiated instruction or for adapting things for non-native English speakers. All the homework is in English only, which won't be accessible to many families. Please consider the needs of your community and plan for adaptations.

