

Exploring Barriers to Implementation of Comprehensive Sexual Health Education
in Washington Public Schools

Holly Schroeder

A thesis

submitted in partial fulfillment of the
requirements for the degree of

Master of Public Health

University of Washington

2020

Committee:

Michelle Garrison

Molly Firth

Program Authorized to Offer Degree:

Health Services

©Copyright 2020

Holly Schroeder

University of Washington

Abstract

Exploring Barriers to Implementation of Comprehensive Sexual Health Education
in Washington Public Schools

Holly Schroeder

Chair of Supervisory Committee:

Michelle Garrison

Department of Health Services

In March 2020, Washington State passed a law mandating comprehensive sexual health Education (CSHE) for all students in grades K-12. This report is an exploration of barriers to implementation of CSHE for Washington public schools. Qualitative interviews were conducted with individuals across the state with expertise in sexual health education. Analysis of the results yielded themes surrounding barriers to implementation, as well as recommended solutions to overcome them. Possible interventions for Washington State school districts and the Office of Superintendent of Public Instruction were synthesized from the results. Final recommendations include state level interventions, community level interventions, and strategies to address community opposition to CSHE.

Executive Summary

Background and Purpose

Comprehensive sexual health education (CSHE) is curriculum-based instruction that teaches children and adolescents about human sexuality. Extensive research has shown that when students receive age appropriate, medically accurate, and evidence-informed CSHE they delay initiation of sexual intercourse, have fewer sexual partners, and are more likely to use condoms and contraception.^{1,2} CSHE aims to improve sexual health outcomes and reduce health inequities by empowering students with the knowledge and skills they need to make informed decisions about their health.

In 2020, Washington State passed SB 5395 mandating CSHE for all students in grades K-12.³ Prior to this law, schools and school districts decided whether or not to include sex education in the curriculum. Requiring CSHE is the first step to ensuring equitable access for all students.

This report explores barriers to implementation of CSHE in Washington public schools. Stakeholders with experience in sexual health education in Washington were interviewed and provided insight into barriers school districts should anticipate as they begin the process of implementing CSHE.

Methods

This report used a qualitative approach to allow for in-depth exploration of barriers to CSHE implementation in Washington. Data was collected through semi-structured phone interviews guided by a series of open-ended questions which allowed participants to describe their experiences in their own words. The sample consisted of sixteen individuals from counties across the state with experience in sexual health education in schools. Counties represented by our sample included Okanogan, Stevens, Yakima, Thurston, San Juan, Clark, King, and Ferry County.

Key findings

The themes that emerged from the interviews support and advance the findings from the OSPI Sexual Health Workgroup, as well as previous research about barriers to implementation of CSHE. The themes fell into two main categories: barriers and recommended solutions.

Barriers

Many stakeholders brought up concerns about the lack of funding associated with the new law, as well as the absence of any regulation or oversight from the state to ensure that CSHE is implemented effectively. Time in the curriculum for CSHE was also identified as a barrier, as was the concern that teachers were unprepared or unwilling to teach CSHE. The most frequently mentioned barrier to CSHE was community opposition to CSHE in schools. Stakeholders also reported that significant misinformation and misunderstanding of the law contributed to CSHE opposition. Certain stakeholders discussed how shame and the effects of trauma in their community precluded any discussion about sex.

¹ Kohler PK, Manhart LE, Lafferty WE. Abstinence-only and comprehensive sex education and the initiation of sexual activity and teen pregnancy. *J Adolesc Health*. 2008;42(4):344-351. doi:10.1016/j.jadohealth.2007.08.026

² Chin HB, Sipe TA, Elder R, et al. The effectiveness of group-based comprehensive risk-reduction and abstinence education interventions to prevent or reduce the risk of adolescent pregnancy, human immunodeficiency virus, and sexually transmitted infections: two systematic reviews for the Guide to Community Preventive Services. *Am J Prev Med*. 2012;42(3):272-294. doi:10.1016/j.amepre.2011.11.006

³ Concerning comprehensive sexual health education, S 5395, 66th Leg, (WA 2020). Accessed May 21, 2020. <https://app.leg.wa.gov/bills/summary?BillNumber=5395&Initiative=false&Year=2019#documentSection>

Several participants shared examples of how the lack of community representation in positions of power presented additional challenges to CSHE incorporation in the curriculum.

Recommended solutions

Suggested policy interventions included instituting a statewide mandate, increasing funding for policy implementation, and improving regulation and oversight of CSHE. Several stakeholders recommended hiring more OSPI staff for the Sexual Health Program. Interventions at the community level included engaging all stakeholders in the process early and ensuring local control over curriculum selection. Several stakeholders recommended that schools utilize local organizations with expertise in sexual health education for support.

Stakeholders had several suggestions for messaging around CSHE to address misinformation and promote community acceptance. Several recommended educating the community through an informational campaign, as well as transparency around the curriculum and selection process. Participants also suggested promoting CSHE as a prevention measure and using local sexual health outcome data to convey the need for CSHE. Almost all stakeholders recommended that schools emphasize the opt-out option to parents who remain opposed to CSHE despite other interventions.

Recommendations

Now that CSHE is mandated in Washington, all school districts will embark on the process of adopting and/or adapting their current sexual health curriculum over the next few years. Recommendations for how to best support schools implement CSHE effectively are outlined below.

State level interventions

- Support from OSPI's Sexual Health Program is essential to CSHE implementation in Washington schools, and OSPI should not be responsible for enforcing the law.
- OSPI should provide schools with support, guidance, and resources, information about the new law, and professional development opportunities online and in remote parts of the state.
- Enhanced monitoring at the school district level is necessary to ensure that all students receive quality CSHE.
- Funding is needed to improve students' educational experience and OSPI should allocate funding to school districts in the form of mini-grants.
- The state should develop a plan to evaluate the impact of the new law on student knowledge and behavior and community attitudes towards CSHE.

Community level interventions

- Schools should retain control over curriculum selection, but must choose curricula that meet state standards.
- Schools should create a local sexual health advisory board representative of the community to guide curriculum selection and implementation oversight.
- Schools must ensure transparency around the curriculum so parents know what their children are being taught.
- Selected CSHE curriculum and sexual health educator should reflect students and their culture.
- Schools should partner with local organizations with expertise in sexual health for support.
- Communities should advocate for minority representation on local school board.

Addressing Community Opposition

- Address concerns of those who oppose CSHE directly in one-on-one conversations when possible.
- Engage all community stakeholders early and often.
- Schools should engage in an informational campaign about CSHE to ensure the community has accurate information.
- Communities with faith-based organizations opposed to CSHE should reach out to religious organizations that support CSHE for guidance on how to engage the faith community in conversations about CSHE.
- CSHE should be promoted as a way to *prevent* negative health outcomes in youth.
- Use local sexual health outcome data to convey need for CSHE.
- Approach the conversation about CSHE in a values neutral way.
- Emphasize that the option to opt children out of CSHE is part of the law.

Conclusion

Access to CSHE is an issue of equity. Passing a state mandate is the first step to ensuring students receive CSHE, but full and equitable implementation remains a challenge. Coordinated efforts from OSPI, school districts, school staff, and community members, as well as an improved evaluation system are essential to the state's ability to make CSHE a reality for all students.

Exploring Barriers to Implementation of Comprehensive Sexual Health Education in Washington State Public Schools

INTRODUCTION

Comprehensive Sexual Health Education

Comprehensive sexual health education (CSHE) is curriculum-based instruction that teaches children and adolescents age-appropriate information about bodily development, sex, sexuality, and relationships.¹ CSHE empowers students with the knowledge and skills they need to make informed decisions about their health and to develop respectful social and sexual relationships.² CSHE includes information about puberty and reproduction, abstinence, condoms and contraception, relationships, sexual violence prevention, body image, gender roles and power dynamics, gender identity and sexual orientation.¹ Extensive research has shown that when CSHE is taught in schools youth delay sexual initiation, have fewer sexual partners, increase condom and contraceptive use, and have healthier relationships.³ This stands in sharp contrast to abstinence-only curricula which has not been found to have any impact on health outcomes or behaviors.^{4,5,6,7}

In addition to improving sexual health outcomes, students who receive CSHE curricula inclusive of lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ+) identities report safer school environments and less bullying.⁸ Studies have also shown that sexual health education programs that include discussions about gender and power dynamics are more likely to decrease intimate partner violence among participants.⁹ One review found that 80% of curriculum-based programs that addressed traditional gender norms and unequal power dynamics in relationships correlated with lower rates of sexually transmitted infections (STI)

and pregnancy, as compared to 17% of gender-blind programs.⁹ CSHE that is medically accurate, evidence-informed, and inclusive reduces health inequities due to disability status, gender identity, sexual orientation, geography, housing status, race/ethnicity, and victims and survivors of violence.^{4,5,10,11,12}

Given the extensive evidence supporting CSHE, 140 national organizations have expressed their commitment to CSHE for young people in the United States. Organizations include education advocates and professionals, child and health advocates, medical professionals, religious leaders, and policy organizations.^{5,13,14} However CSHE remains a controversial issue. Many groups express concern about sex and sexuality being taught in schools instead of at home or prefer abstinence-only-until marriage programs. Others do not want children exposed to culturally sensitive topics, such as abortion, sexual orientation, and gender identity. Despite the significant support nationwide, ongoing opposition to CSHE has prevented many students from accessing this education in schools.

Policy Implementation

Students are exposed to sexual health information from a variety of sources including parents, peers, healthcare professionals, social media, and pop culture. States have the opportunity to ensure that all students have access to age-appropriate, medically-accurate, and evidence-informed sexual health information by enacting policies that mandate CSHE in schools.

In the United States, laws about sexual health education are decided by state and local legislators because there is no federal law that requires CSHE in schools. As of March 1, 2020

only 29 states and the District of Columbia required public schools to teach sex education, while only 17 states required program content be medically accurate, 26 states and DC required the curricula be age-appropriate, and only 9 states required instruction that was not biased against any race, sex, or ethnicity.¹⁵

Although mandating a policy at the state level is the first step to ensuring equal access to CSHE for students, enactment alone does not guarantee full implementation of the law. One study found that the degree of program implementation was as important as program content when it came to changing sexual health outcomes.¹⁶ Uneven and flawed implementation of a policy can make the law itself appear unsuccessful when in reality failure is due to ineffective implementation.¹⁷ In order to ensure policies are successful, it is important to anticipate barriers and identify potential solutions at the outset.

Washington State

Health Outcomes in Washington

CSHE aims to prevent negative reproductive health outcomes in children and adolescents by providing them with information they need to make healthy decisions. In Washington's 2018 Healthy Youth Survey, 47% of 12th graders reported ever having sex and 12% reported having 4 or more partners.¹⁸ In 2014, 15-19 year-olds in Washington had the second highest chlamydia rate (1342.6 per 100,000 people) and the third highest gonorrhea rate (155.9 per 100,000 people) compared to all other age groups,¹⁹ and rates across the state increased in 2018.²⁰ Despite high STI rates, only 51% of 12th graders reported using a condom in the 2018 Healthy Youth Survey.¹⁸ The rate of teen pregnancy has been decreasing in

Washington over the last several years, but remains high at 24.4 per 1000 for women aged 15-19.²¹

The rates of sexual violence and harassment experienced by teenagers are also alarming. In the 2018 Healthy Youth Survey, 12.3% of 8th graders, 18.9% of 10th graders, and 25.2% of 12th graders reported being forced into unwanted kissing, sexual touch, or sexual intercourse.²² These rates were higher than in the 2016 Healthy Youth Survey for all age groups.²³ Female students who identified as multi-racial reported higher rates of victimization than their white peers.²⁴ LGBTQ+ youth in Washington are also at increased risk of harassment. In the 2018 Healthy Youth Survey, 12% of 8th grade students reported being harassed due to their sexual orientation, 9% of 10th graders, and 7% of 12th graders.¹⁸ No significant changes have been seen for this measure in any age group since 2014.²³

Washington State Office of Superintendent of Public Instruction

In Washington, the Office of Superintendent of Public Instruction (OSPI) is the state education agency bound by the Legislature to implement laws regarding education. The OSPI Sexual Health Education Program is responsible for supporting school districts in their efforts to implement sexual health in accordance with state standards. Washington is a state that prioritizes local control at the school district level when it comes to education. Schools must follow state mandates and educational standards, but they otherwise maintain control over curricular decisions.

Washington State Laws and Guidelines Regarding CSHE in Schools Prior to 2020

In the absence of a law mandating CSHE in Washington State, the decision to include CSHE in the curriculum was left to individual schools and school districts. If schools chose to teach CSHE, they were required to follow established laws and guidelines to ensure students received comprehensive and medically accurate information.

In 2005, 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* in response to a bipartisan request from state legislators. The guidelines “provide a framework for medically and scientifically accurate sex education for Washington youth” with the goal of helping students become “safe and healthy people.”²⁵

In addition to the guidelines from the DOH and OSPI, three state laws specifically address sexual health education in public schools.

- The Common School Curriculum, most recently updated in 2013, requires “all teachers shall stress the importance of ... methods to prevent exposure to and transmission of sexually transmitted disease ...”(RCW 28A.230.020)
- The AIDS Omnibus Act, passed in 1988, requires schools to provide annual HIV/AIDS prevention instruction that is medically accurate and age appropriate starting no later than grade 5. (RCW 28A.230.070)
- The Healthy Youth Act, passed in 2007, states that if a school or school district decides to include sexual health education, the curriculum and instructional materials must be “medically and scientifically accurate, appropriate for students regardless of gender, race, disability status or sexual orientation ...” (RCW 28A.300.475)

In 2016, OSPI updated the Washington State Learning Standards for Health and Physical Education for grades K-12 to include outcomes for sexual health education for each grade level.²⁶ The standards met the requirements for the Healthy Youth Act and were in line with the state *Guidelines for Sexual Health Information and Disease Prevention*. For a sexual health curriculum to be comprehensive the following themes were to be discussed in each grade:

- Grades K-3: healthy relationships, abuse prevention, encouraging respect and compassion for others.
- Grades 4-5: expand on K-3 and include human growth and development, basics of reproduction, HIV prevention, self-identity.
- Grades 6-12: build on previous curricula by teaching consent, anatomy and physiology, pregnancy, sexually transmitted disease and pregnancy prevention, Washington state laws regarding sexual health and sexual abuse.

Since CSHE was not mandated, schools were only required to meet these standards if they chose to include sexual health education in the curriculum.

State of Comprehensive Sexual Health Education in Washington Prior to SB 5395

Without a state mandate, a significant proportion of Washington students do not receive CSHE in all recommended grades. In an annual survey conducted by OSPI during the 2018-2019 school year (*Physical Education and Health Instruction Assessment Report*), 64.7% of

school districts reported teaching sexual health education in grades K-5, 86.1% in grades 6-8, and 75.2% in grades 9-12, and 6.6% did not offer any sexual health education.²⁷

The Healthy Youth Act does not require any regulation or oversight of CSHE in schools, and many students receive sexual health instruction that does not align with state standards. Every two years, the Center for Disease Control and Prevention (CDC) conducts the School Health Profiles survey, which surveys a random sample of schools from each state to monitor the status of school health education. The CDC has identified 20 critical sexual health topics related to pregnancy, HIV, and STI prevention that should be included in a comprehensive sexual health curriculum. In 2018 in Washington State, 59.2% of high schools and 29.5% of middle schools reported teaching all 20 CDC identified critical sexual health topics.²⁸ The OSPI *Physical Education and Health Instruction Assessment Report* from 2018-2019 found that 42.1% of Washington school districts were using curricula created or developed by the school district that had not been reviewed by OSPI.²⁷ Several school districts reported using abstinence-only curricula that do not meet the Healthy Youth Act requirements.²⁹

Washington students themselves report that the sexual health education they receive does not fit their needs. A Youth Engagement Survey conducted by OSPI in 2019 found that less than 50% of respondents said they received sex education in middle or high school, and 49.% reported that the sex education they received was not what they wanted.³⁰ Only 47.1% of students thought their sex education was appropriate for all genders, 23.1% thought it was appropriate for all sexual orientations, and 33.7% thought it was appropriate for diverse students from different backgrounds.³⁰ When asked where students went to find information

about sexual topics, 48.4% of respondents reported going to their friends, while 71.4% said they found information online.³⁰

Senate Bill 5395

During the 2019 Legislative Session, Senate Bill 5395³¹ was introduced to the Washington State legislature by request of the Superintendent of Public Instruction, Chris Reykdal. The bill required school districts to incorporate CSHE in grades K-12. SB 5395 passed the Senate, but stalled in the House Education committee.

After SB 5395 did not pass, a proviso was added to the 2019 Washington State Operating Budget requiring OSPI to convene a workgroup related to sexual health education.³² The workgroup was asked to review the 2016 Health Education K-12 Learning Standards as they pertained to sexual health education, review sexual health curricula used in the state to identify gaps or inconsistencies with the learning standards, consider revisions to Washington State laws related to sexual health, and consider the merits and challenges associated with requiring schools to offer CSHE to students in all grades. As was specified in the legislation, the workgroup included members from OSPI, school district representatives, school principals, public school educators, public health officials, and parents. Following four meetings, the work group produced a report of their recommendations to the Legislature. The sixteen member workgroup reached a consensus that all students in Washington public schools should receive CSHE in grades K-12, and that mandating CSHE was an issue of equity “to ensure all students across the state receive quality, evidence-informed instruction, regardless of who they are or where they live.”²⁹

During the 2020 Legislative Session, SB 5395 successfully passed both the State Senate and the House of Representatives. Governor Jay Inslee signed the bill into law on March 27, 2020 requiring that all students in Washington receive CSHE by the 2022-2023 school year (effective date June 11, 2020) regardless of their protected class status under chapter 49.60 RCW.³¹ The statute also directs public schools to use review tools developed by OSPI when choosing a sexual health curriculum and requires school districts to annually report the curriculum they use to OSPI.³¹ The law states that students should receive CSHE no less than once in K-3, once in grades 4-5, twice in grades 6-8, and twice in grades 9-12.³¹ Parents and legal guardians are given the option to opt their children out and to review the curriculum by submitting a written request to the school district.³¹

Barriers to Implementation of SB 5395 in Washington State

Washington State's new law faces the challenge of consistent delivery at the school district level. The curriculum selection and implementation process is a significant undertaking, especially when the curriculum must be incorporated into all grades K-12. Given the controversy surrounding SB 5395, as well as the opposition to CSHE in many parts of the state, it is important to understand potential barriers to ensure success. Inconsistent implementation of CSHE across the state has the potential to worsen already existing health disparities for youth.

Previous studies in other states have identified common barriers to implementing CSHE including personal determinants and the political controversy around sexual health education, concerns that sexual health is a sensitive topic, the need to involve multiple stakeholders in a

given school district, existing district level barriers such as the need for administrative and school board approval, and logistical barriers including funding, available resources, and teacher training.³³

The OSPI workgroup identified barriers to implementation of CSHE specific to Washington State. These included the balance between state and local control of public education, the need for clear guidance on curriculum selection, the lack of a reporting and monitoring system in the state, and challenges associated with adequate funding and teacher training.²⁹

Purpose of the Present Report

The purpose of this report is to further explore barriers to implementation of CSHE in Washington public schools. Conducting qualitative interviews with individuals across the state with experience in sexual health education will provide insight into barriers school districts should anticipate as they implement CHSE, as well as possible solutions to overcome them.

METHODS

Design

This study used a qualitative approach to explore barriers to implementation of CSHE in communities across Washington state. The purpose was to learn from the experiences of individuals who work in sexual health education in order to help school districts implement CSHE effectively and to inform future policy interventions.

Data was collected through semi-structured individual interviews about topics related to sexual health education. The interviews were guided by a series of open-ended questions, which allowed participants to respond in their own words. The interviews generally followed the guide, but participants were allowed to drive the conversation. The interviewer asked follow up questions for more in depth responses and clarity and to ensure topics were covered to completion. Institutional review board approval was not obtained because this report is intended for quality improvement and policy development.

Sample

The study participants included fifteen individuals who were involved in sexual health education programming in Washington State schools. Maximum variation sampling technique was employed to gather a wide range of perspectives from across the state.³⁴ To be eligible for the study, participants had to work or be involved with sexual health education in Washington. Interviewees included curriculum directors, educators in community sexual health education programs, education specialists at Planned Parenthood, a school nurse, a school counselor, a parole officer in juvenile detention, and a staff member from the state Migrant Education Program. The individuals interviewed came from the following Washington State counties: Okanogan, Stevens, Yakima, Thurston, San Juan, Clark, King, and Ferry. We reached out to individuals in Pierce County, but did not receive a response. All participants were English speaking.

Recruitment

The Sexual Health Program Supervisor at OSPI helped identify potential participants in school districts across the state. To ensure we captured a complete picture of barriers to implementation of CSHE in Washington, we specifically sought to interview individuals fitting the above criteria from districts that represented diversity in sociodemographic and other factors, specifically population density (rural versus urban), socioeconomic status, health outcomes, high school graduation rates, and racial/ethnic diversity. We also targeted individuals from communities with known opposition to CSHE. For additional participants we used the snowball method by including an interview question asking for additional contacts who might be interested in participating in the study.

Once potential participants were identified an email was sent inviting them to participate. The email explained that the goal of the study was to interview individuals from school districts which had experienced barriers to implementing sexual health education in order to inform future policy decisions to improve CSHE in Washington state. We reached out to twenty-two individuals in total and heard back from fifteen who were interested in participating. If a potential participant agreed to be interviewed, we scheduled a phone meeting between the participant and the principal investigator (HS).

Data Collection

Prior to starting the interview, each participant was provided with an explanation of the study purpose and procedure. Verbal permission was obtained from the participant over the phone. Before starting, they were given an opportunity to ask questions as well as to decline participation.

Interviews were conducted one-one-one over the phone in English between February 2020 – April 2020 by the principal investigator who had no prior relationship with any of the participants. Interviews lasted from 35-60 minutes. Only two participants ended the interview early due to time constraints. Interviews were conducted both before and after SB 5395 was signed into law.

The interviews followed a semi-structured question guide. Questions were developed a priori based on prior research on barriers to implementation of CSHE. Two theoretical models were used to develop the guide. The Consolidated Framework for Implementation Model (CFIR) was used to ensure questions addressed a variety of potential aspects of implementation. The RE-AIM (reach, effectiveness, adoption, implementation, maintenance) model provided a framework to evaluate CSHE effectiveness as a health intervention in each school district. Additional probes were added throughout the interview process as new topics and themes emerged in the interviews. The interviewer asked questions to drive the conversation, starting with broad and open ended questions and using yes/no questions to gather more detailed information. The interview guide can be found in Appendix A. With the permission of the participants, interviewers used structured note-taking, and digitally recorded the interviews in order to review for accuracy. Immediately after each interview, the notes were reviewed and a contact summary sheet was created to describe the main themes and content of the interview and to identify new topics to explore in subsequent interviews.

Analysis

Interviews were analyzed with Theoretical Thematic Analysis, a stepwise qualitative analysis technique, which includes familiarizing oneself with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report.³⁵

Using a deductive approach, an initial codebook was developed based on the same themes as the interview guide. The codebook included codes for curriculum, barriers, logistics, educators, opposition, supporters, community involvement, policy, administrators, students, and parents. Subsequently, additional codes were added to the codebook based on the data itself following an inductive approach. The final codebook is included in Appendix B.

Analysis was performed by the principal investigator. The interview notes were uploaded and organized in Atlas TI. Every portion of the interview transcripts were read and coded for important themes. Codes were added to the codebook as they were identified. Once all interviews were coded, the first four interviews were re-analyzed based on the final codebook. Memos were created during the initial coding process to describe preliminary themes as they emerged. After all transcripts were coded, provisional code families were created and then re-analyzed to clarify main themes. Once the main themes were identified, the researcher created an analysis summary of each theme, as well as a list of subthemes with supporting quotes which provided the foundation for this report.

After analysis was completed, the principal investigator participated in a phone call with the Sexual Health Program Supervisor at OSPI to review the main themes identified in the interviews.

RESULTS

Themes

The themes that emerged from the interviews are presented in the following sections. Two main categories were identified as they related to CSHE implementation: barriers and recommended solutions. The category of barriers was divided into three subcategories: (1) logistical barriers, (2) barriers related to the values and beliefs of individuals in the community, and (3) lack of community representation in positions of power. The themes relating to recommendations for CSHE implementation fell into three subcategories: (1) suggested policy interventions, (2) how to involve the community in implementation, and (3) how to approach messaging around CSHE to increase community support. In the following section, themes and subthemes in each of these categories are described. Table 1 contains exemplary quotes for all themes and subthemes described.

Logistical Barriers to Implementation

Unfunded mandate

Several stakeholders expressed concern that SB 5395 is an unfunded mandate that schools will be expected to implement without additional funding. Stakeholders reported concern about the need for additional funding for teacher training and curriculum selection and/or redesign.

Lack of regulation and oversight of CSHE implementation in schools

Many of the individuals interviewed reported that the lack of regulation and oversight of CSHE in Washington was a significant barrier to full implementation of the curriculum for all

students. Currently, there is minimal monitoring and evaluation of CSHE in schools. As a result, several stakeholders reported that many schools continue to teach abstinence-only curricula or curricula that are not consistent with the Healthy Youth Act. Some individuals mentioned that OSPI does not currently have the capacity, either in staff or funding, to oversee what is being taught in all school districts. A few participants related concern that the state often mandates initiatives that are never completely implemented at the school level due to lack of enforcement and they fear CSHE will be another such mandate. One stakeholder mentioned an additional concern that tribal sovereignty can prevent state policies from being implemented in public schools on Native American reservations which is an additional barrier to CSHE for those communities.

Not enough time in the curriculum

A few stakeholders also mentioned finding time in the curriculum as a barrier to full implementation of CSHE in grades K-12. Schools already struggle to include all required lessons and adding a K-12 CSHE curricula will be difficult. In some districts, stakeholders report that teachers are forced to leave out sections of CSHE due to time, which means that even despite efforts to teach CSHE, they are not meeting the requirements of the Healthy Youth Act.

Educators unprepared to teach CSHE

Many stakeholders indicated that a significant barrier for CSHE is that educators are unprepared to teach the curriculum, either due to lack of training about how to teach the curriculum and/or discomfort with the material. Several participants mentioned concern about elementary school teachers in particular, since the K-3 CSHE components will be new for most

people. A few stakeholders related that educators at small schools with only a few teachers are already asked to fill too many roles and CSHE will be an additional burden.

Barriers Related to Values and Beliefs

Opposition to CSHE in schools

General opposition to CSHE from the community was the most frequently mentioned barrier to implementation of CSHE. Stakeholders from Yakima, Battleground, and Tonasket specifically reported it as the greatest barrier. In fall 2019 Battleground School District's school board voted to remove sex education from all public schools in response to community opposition to a new sexual health curriculum. Tonasket School District also faces significant obstacles related to limited funding and resources, but the stakeholder from that community reported that opposition to CSHE was the main reason it was not yet incorporated into the curriculum.

Community opposition was defined by participants in a variety of ways. Several reported that the opposition to sex education generally came from a vocal minority of community members who were powerful enough, despite their small number, to block CSHE from schools. Several stakeholders mentioned the same Washington school district where one religious leader in the community was recently able to convince the school board to eliminate sex education from the curriculum even though it had been taught there consistently for decades. Socially conservative individuals and those in faith-based communities were most commonly mentioned as opposing CSHE. A few stakeholders identified individuals in their communities who would oppose anything from the government, including a state policy

mandating sex education in schools. Many stakeholders shared that a large number of community members with no involvement in the school played a significant role in the anti-sex education movement in their towns. A few participants reported that when teachers opposed CSHE they were often unwilling to teach the curriculum, which posed a problem for small schools with a limited number of teachers.

Parents were frequently identified as individuals who opposed sex education. Many stakeholders related that some parents opposed CSHE due to their belief that sex education should be taught at home so they could control the messaging. In many communities, individuals shared that parents who did not receive CSHE in school themselves did not have a model for what to expect, and so opposed CSHE without knowing what it entailed.

Several stakeholders also mentioned parents' assumptions about children and adolescent behavior in their community as a barrier to CSHE. A few shared that they had spoken with parents or school board members who did not think there was a need for CSHE because their children and other children in the community were not engaging in sexual behavior and did not identify as LGBTQ+. Another common theme was that parents believed children abstained from sex because they were taught about abstinence, even in communities with high rates of sexually transmitted infections or teen pregnancy.

A few individuals interviewed from small communities reported that the culture made it difficult for school administrators and/or teachers to openly support CSHE due to fear of losing their jobs.

Another theme reported by several stakeholders was that the polarization of views around CSHE mirrors politics in America today. A few participants mentioned that this led to a

lack of tolerance and inability to meet in the middle about controversial topics such as sex education. Several interviewees also saw this theme manifested in the division between Eastern and Western Washington, in particular how individuals in Eastern Washington sometimes oppose more progressive policies they perceive as coming from Seattle without adequate input from the rest of the state. One individual also reported that in their community, LGBTQ+ individuals and those in the faith community frequently stand in opposition to one another due to conflicting beliefs.

The curricular elements most frequently mentioned as garnering opposition were abortion, LGBTQ+ and gender identity lessons, condom demonstrations, and the K-3 curriculum.

Misinformation and misunderstanding of the law

Misinformation about CSHE, as well as misunderstanding of the new law was a common theme throughout the interviews. Almost all participants mentioned that misinformation about what was included in a CSHE curriculum was a significant barrier to implementation. Several examples of the types of misinformation reported in the interviews are included in Table 2. A few stakeholders identified the role of social media and Facebook in promoting an anti-sex education agenda, either from homegrown resistance to CSHE or well organized groups from out of state. These groups were often implicated in spreading misinformation about the law and what CSHE entails. Many participants also reported widespread misunderstanding in their communities about what the K-3 curriculum will include, in particular, not understanding that one of the fundamental parts of the law is that the education taught in each grade level is

age-appropriate. One stakeholder expressed concern that the law is not written so lay people can understand it, which has created confusion and fear in the communities they work with.

Shame and the effects of trauma

A few stakeholders reported that some of the opposition in their community came from a culture of shame around sexuality, resulting in a stigma that prevented people from publicly supporting CSHE. For example, one participant mentioned that students in their community feel uncomfortable expressing their interest in sex education because they fear they will be labeled as sexually active. In one interview with a stakeholder from a Native American reservation, they reported that shame around sexuality in their community was related to high rates of intergenerational trauma and sexual violence. This stakeholder believed that shame around sexuality was the most significant barrier to CSHE in their community, and that before their tribe can engage in a discussion about CSHE they have to come to a “higher level of healing” around the sexual trauma in their community.

Lack of Community Representation in Positions of Power

Several individuals described the lack of community representation in positions of power as a barrier to implementing CSHE. In many communities, stakeholders reported that the school boards and/or school administrators did not reflect their community in terms of race, ethnicity, or religious beliefs. In a few communities, this has led to school boards opposing implementation of CSHE even with significant support from students, teachers, and/or parents. One individual interviewed reported that since lack of access to sex education

disproportionately impacts people of color and those of low socioeconomic status, when CSHE is not implemented for all students, it further promotes health inequities.

Suggested Policy Interventions

Institute a state mandate

Many stakeholders affirmed that the first step to ensuring access to CSHE for all students in Washington was to pass a statewide mandate. A law requiring sex education increases the likelihood that all schools will incorporate CSHE into the curriculum. A few participants also mentioned that a statewide mandate will allow school administrators and teachers who might have been reluctant to publicly support CSHE to move forward with implementation since it is now required by law.

Increase funding for implementation of the policy

Increasing funding for CSHE was one of the most frequently mentioned recommendations by stakeholders, including a key stakeholder from OSPI. Several individuals expressed the need for additional funds for curriculum selection or redesign and adoption. Increased funding for teacher training and professional development around the new curriculum was also commonly mentioned by stakeholders. Professional development requires teachers to either pay substitutes or receive reimbursement for professional work hours. Preparing educators to teach a new curriculum comes at significant financial cost to the school and many school districts will struggle to train them appropriately without financial resources from the state. Several participants, as well as a key stakeholder from OSPI, stressed the

importance of more online courses and webinars to decrease the cost of professional development and more effectively reach the rural and remote regions of the state.

When considering potential funding sources for CSHE, a stakeholder from OSPI shared that in the past, OSPI received funding in the form of mini-grants from the CDC to allocate to school districts for CSHE. With \$500-\$1000 schools were able to cover travel costs for teacher trainings, increase school nurse time, purchase curricular materials, and make significant changes to their sex education curricula. This stakeholder proposed a similar type of funding program from either the state or federal government to support the new law.

Several participants also mentioned the need for additional OSPI staff members. Currently there are only two staff members at OSPI dedicated to Sexual Health and more staff is needed to support all school districts in Washington as they embark on CSHE implementation. In speaking with a key stakeholder from OSPI, there is agreement that additional staff would be helpful, but it is unlikely to happen. There are already two staff members at OSPI dedicated to Sexual Health, which is the same number of people for other content areas, such as Math, Science, and Language Arts.

Improve regulation and oversight of CSHE in schools

Stakeholders also identified the need to collect more data about CSHE in school districts across the state in an effort to monitor and evaluate how the new law is being implemented and to ensure that it is being done to fidelity. Two individuals suggested that each community create a local structure dedicated to CSHE implementation that is overseen by OSPI. One interviewee suggested that the Washington State American Civil Liberties Union (ACLU) be used as an enforcement body for CSHE, similar to what the ACLU did in California after the state

passed a law mandating CSHE. A stakeholder from OSPI's Sexual Health Program raised concern about using OSPI to enforce the new law at the school level. OSPI has a responsibility to support schools in their efforts to offer sexual health to students, and if school districts feared punishment they might not reach out to OSPI for help when they needed it.

Community Involvement in Implementation

Engage community stakeholders early and often

Many of those interviewed emphasized the importance of involving all community stakeholders throughout the process of CSHE implementation. Groups that should be represented include parents, faith-based organizations, students, school administrators, educators (both teachers and other staff who may be asked to teach sex education), community organizations with expertise in sexual health, and health care professionals. A stakeholder from OSPI recommended that school districts establish a community wide workgroup or local advisory board for CSHE implementation to ensure that the curriculum selected fits the community. This stakeholder encouraged school districts to include individuals with diverse opinions about CSHE to make sure the whole community was represented and to ensure transparency.

Students in several communities were mentioned as important advocates for CSHE who were often left out of the implementation process even when the education is meant for them. Several stakeholders emphasized the importance of including students in curriculum selection to ensure the chosen CSHE program fits their needs.

Ensure that communities retain some degree of local control of the process

Another common theme across interviews was how important it is to allow communities to retain control over the process of CSHE implementation. Several participants, including our stakeholder from OSPI, supported the decision to let schools choose the curriculum that best fits their community. A few stakeholders expressed concern that schools were expected to incorporate CSHE too quickly and that if schools were allowed to progress at their own pace they would be more likely to build support in the community. Several stakeholders also indicated that local control over the curriculum is important because communities need to be able to choose the one that best represents them. Empowering communities to make their own decisions about the curriculum will generate more support and acceptance of CSHE.

Several participants shared examples of school districts that adopted CSHE based on a community identified need, often in response to a striking event in the community related to sexual health. For example, Orcas Island School District adopted their CSHE curriculum after there was a spike in teen pregnancies in their local school. In Inchelium, the community has responded to a recent teen suicide by engaging in more conversations about intergenerational violence and sexual trauma. The stakeholder from this community sees this as an opportunity to begin discussions about CSHE and its role in preventing sexual violence in their community.

Utilize organizations in the community with expertise in sexual health

A few stakeholders spoke about how community organizations with expertise in sexual health can support schools in the process of CSHE implementation. Several organizations in Washington are already involved in sexual health education in schools (e.g. Room One, Rural Resources, Planned Parenthood). These organizations offer teacher trainings, support schools

in curriculum adoption, and can teach CSHE if the school does not have enough teachers, if the teachers refuse to teach CSHE, or if teachers do not feel comfortable with the material.

Approach to Messaging in the Community

Engage community in outreach about CSHE

In response to misinformation, many stakeholders suggested holding community meetings and informational sessions to educate teachers, school staff, parents, and community members about CSHE. An informational campaign about CSHE would help dispel the myths and misinformation that fuels the opposition. A few participants specifically recommended one-on-one communication as a way to engage those who oppose CSHE. Individual conversations allow people to express their opinions and share their concerns. One stakeholder felt this was important for all communities, but especially small ones where one-on-one interactions are common and confrontation is unavoidable.

Ensure transparency around the curriculum

Another common recommendation among stakeholders was improving transparency around the curriculum. Many mentioned giving parents and community members access to the curriculum to “drop the veil,” so they can see for themselves what their children are being taught. Several participants mentioned how important it is for parents and community members who did not have sex education themselves to sit in on lessons to counteract the widespread misinformation.

Promote CSHE as a prevention measure

Many stakeholders discussed the power of promoting CSHE as a prevention measure. One interviewee mentioned engaging those in the community who oppose CSHE around the common goal of wanting children in the community to be safe and healthy. A few interviewees specifically stressed the importance of promoting CSHE as a violence prevention measure for both sexual violence and violence perpetrated against LGBTQ+ individuals. Another participant shared that when discussing CSHE in the community, they focus on how useful CSHE is for youth, specifically how important it is for adolescents to be aware of consent laws in order to understand the potential consequence of their actions.

Use data to convey the importance of CSHE

Several stakeholders recommended sharing statistics about local STI and teen pregnancy rates with the community as a way to underscore the importance of CSHE. Many described that there was a sense in their communities, in particular from parents, that youth were not engaging in sexual behaviors, and using local data that would contradict that assumption could have an impact. One individual reported that they planned to download Google searches from the school computers and invite the school nurse to the school board meeting to ensure that school board members were aware of what information students were searching for or asking about on their own.

Ensure implementation process is inclusive and representative

Community representation was mentioned repeatedly as an essential component of CSHE implementation. School districts should make sure they include members from across the community in the process of curriculum selection and implementation to ensure widespread support. It is also important that students' sociodemographic identities are reflected in the

curriculum that is being taught, and to that end, several stakeholders mentioned how important it is to select culturally representative curricula. Several stakeholders reported observing classes where Native youth responded positively to the Native VOICES curriculum, a CSHE curriculum designed by and for American Indian/Alaska Native youth. It is also important to find local champions to promote CSHE and teach the curriculum so the message and content is perceived as coming from within the community.

One stakeholder who works with migrant communities, stressed how important it is to include all communities in state policy development. Many stakeholders mentioned that communities in Eastern Washington often feel policy decisions made at the state level do not reflect their interests. When pursuing additional policies related to CSHE, including diverse representation from across the state will increase the likelihood of widespread acceptance.

Approach messaging in a values neutral way

In order to directly address the significant opposition to CSHE related to personal and family values, one participant discussed using the Values Question Protocol in CSHE teacher trainings. The Values Question Protocol is a way to prepare teachers to discuss issues in sex education where there might be a range of different values. In this participants experience taking that approach with parents was helpful.

Emphasize the opt out option

Several stakeholders stressed the importance of the opt out option for parents. Despite efforts to educate and inform communities, many individuals interviewed acknowledged that there will always be parents, community members, and students who never support CSHE. In

those cases, it is important for them to know the curriculum is not being forced on students and they have the option to opt-out of any or all of the curriculum.

DISCUSSION

This report contributes to work previously done in support of Senate Bill 5395 and the initiative to ensure access to CSHE for all students in Washington. The themes that emerged from the interviews support and advance the findings from the OSPI Sexual Health Workgroup as well as previous research conducted about barriers to implementation of CSHE.

The discussion below includes recommendations for how to best support Washington school districts in their efforts to implement CSHE effectively. There are three main categories: state level interventions, community level interventions, and addressing community opposition. A summary of the recommendations is included in Figure 1.

State Level Interventions

OSPI

OSPI's Sexual Health Program will be essential to the success of CSHE in Washington as school districts across the state begin the process of implementing the new law. In order to educate schools about the new state requirements and help with implementation, OSPI is planning to increase online resources, such as YouTube videos and webinars. They will also increase the number of online teacher trainings to promote professional development for school districts in remote parts of the state. Many stakeholders reported access to teacher trainings as a significant barrier to CSHE in schools given Washington State geography. **OSPI**

should make a concerted effort to provide accessible professional development opportunities online, but also increase the number of in person trainings in rural parts of the state to decrease transportation time for teachers when possible and to promote collaborative learning.

Lack of regulation and oversight of CSHE at the school district level was a frequently mentioned barrier to full implementation of CSHE. Several stakeholders recommended additional OSPI staff dedicated to CSHE or a local OSPI structure (either at the county or ESD level) to provide individualized support and to ensure schools comply with the law. The OSPI Sexual Health Program Supervisor shared that hiring more Sexual Health Program staff was unlikely because the program already has the same number of staff members as other academic content areas. With this information it seems clear that although more staff and individualized supervision for school districts would be helpful, it is not realistic at this time.

Even if OSPI had enough staff to monitor all school districts, OSPI's role, as described by the Sexual Health Program Supervisor, is one of support and not enforcement. Giving OSPI the authority to hold schools responsible for not complying with the law would cloud their mission and prevent them from supporting schools struggling with CSHE implementation. Many stakeholders interviewed reported that even communities that opposed sexual health education would likely implement CSHE now that there is a state mandate. **If school districts refuse to comply, organizations such as the ACLU should be brought in to enforce the law, as they have done previously in communities in Washington and California.**

One of the main concerns going forward is whether or not schools will be able to fully implement CSHE in all grades as it is defined in the state standards. Enhanced monitoring at

the school district level is necessary to ensure that all students receive quality CSHE. As part of the new statute, school districts must report what sexual health curriculum they are using to OSPI on a yearly basis. Whereas this requirement will improve OSPI's ability to monitor school districts, the policy should go further. If OSPI was able to gather more information about each school district (how many curriculum hours were dedicated to sexual health, who was providing the instruction, what training they received, what concerns educators had about the process), they would know what was happening on the ground and be better poised to help. At this point, it is the responsibility of the school to reach out to OSPI for support. **If OSPI was routinely given more access to detailed information about what was happening in the classroom, they could reach out to school districts preemptively to help.**

In summary, OSPI should remain an agency that provides support and resources to school as they implement CSHE, while expanding their services online and to more parts of the state. Enforcement of the new law should only be used in communities that refuse to comply, and this role should be carried out by an organization such as the ACLU so that OSPI can remain an ally to schools. Schools should be required to report more detailed information about their CSHE program in order for OSPI to understand what students are being taught in the classroom and more quickly identify ways it can be improved.

Funding

Funding was one of the most commonly mentioned barriers to CSHE implementation by stakeholders, as well as by the Sexual Health Program Supervisor at OSPI. The new CSHE law is an unfunded mandate. As a result, schools are responsible for either implementing the

curriculum without funding or identifying their own funding resources. Funding opportunities will be even more scarce going forward due to the impact of COVID-19 on the economy. Lack of funding and its impact on CSHE is an issue of equity. Schools with enough financial resources will be able to conduct extensive curriculum selection processes and train teachers appropriately, whereas schools in districts with higher levels of poverty and fewer available resources will not.

If federal or state funding does become available, it should be allocated to school districts by OSPI in the form of small grants to cover the costs associated with CSHE implementation. Several years ago, the CDC funded a similar program that allowed OSPI to give small grants (\$500-\$1000) to school districts that were updating their sexual health curriculum. The Sexual Health Program Supervisor reported that even with a relatively small amount of money, school districts were able to make radical changes to their curriculum and improve the educational experience for students. In the last few years the majority of funding at the federal level has been allocated to abstinence-only programs.³⁶ **Going forward, funding at the federal level should be directed away from abstinence-only programs, which have no proven effect on sexual health outcomes, and towards CSHE programs.^{4,5,7,16} To fully realize the benefits of CSHE for all students in Washington, additional funding for low resourced communities is essential.**

Evaluation

Another concern with Washington State's new CSHE law, is that it does not include a plan for evaluation. There is increasing evidence in the literature that many policies do not

have the intended impact because of failure at the point of implementation.¹⁷ **To ensure that CSHE is implemented to fidelity in schools, there needs to be an organized evaluation process across the state.** As mentioned above, additional questions about the number of curricular hours dedicated to sexual health, who is teaching the classes, and what training they have received will give OSPI more detailed information to evaluate CSHE in different districts. Several stakeholders also described concern about who was answering the OSPI and CDC school surveys about sexual health education, and whether or not those individuals were aware of what was being taught in the classroom. **Specifically directing surveys to the teachers and staff members providing sexual health instruction** (as opposed to school principals or superintendents) will increase the likelihood of getting accurate information. **An additional intervention to improve evaluation of the policy, would be to arrange forums, either online or in person, where sexual health educators could come together to share their insights and discuss the challenges associated with CSHE implementation.** These forums could serve to both support educators, and provide OSPI with a deeper understanding of CSHE implementation across the state.

The law also does not include a plan to evaluate the impact on the state. The potential benefits of CSHE for Washington State were well documented in the Washington State Board of Health's Health Impact Review of ESSB 5395,³⁷ but that does not mean that the impact of the actual policy should not be evaluated. In the short-term, information on which schools are implementing CSHE and which are encountering barriers will provide valuable information to OSPI, as discussed above. **Evaluating students' knowledge about essential topics included in CSHE, as well as the attitudes of local community members towards CSHE, are helpful**

measures to evaluate in the intermediate-term. The Healthy Youth Survey provides information about sexual health behaviors and the CDC's School Health Profile evaluates what is taught in schools, but neither directly address students' sexual health knowledge. An additional survey is indicated to monitor students' retention of sexual health topics. Given all we know about the benefits of sex education, if students' sexual health knowledge does not improve, it suggests a problem with implementation at the school or school district level. Awareness of failures at either the policy implementation or impact stage could provide the impetus to reevaluate the law and serve as a foundation for additional policy recommendations. Evaluating community attitudes towards CSHE, especially in communities where there was previously significant opposition, will also help schools better tailor messaging in their own communities.

Community Level Interventions

In Washington, community control over implementation of CSHE is paramount. The new law includes guidelines for selecting a curriculum, but ultimately the decision is left to the school district. There are many resources available to schools that provide guidelines for implementation of a comprehensive sexual health curriculum, many of which are included on OSPI's Sexual Health Resources website.³⁸

One of the first steps communities can take as they embark on the process of CSHE implementation is to create a local sexual health advisory group. This was recommended by several stakeholders, as well as OSPI's Sexual Health Program Supervisor, and is one of the CDC's recommended steps for sexual health implementation in schools.³ This advisory group

should be responsible for curriculum selection, as well as curriculum oversight in the classroom once implemented. In order to be successful, the sexual health advisory committee should be representative of all community members, and include people with diverse viewpoints relating to sex education. **Encouraging participation from the community in the CSHE process, increases the chances that the curriculum selected will be accepted.**

Allowing schools to choose their own curriculum, gives them the opportunity to select curricula that are culturally responsive and reflective of the community. Ownership of the process is particularly important in Native American communities, as was discussed in one of our stakeholder interviews. CSHE has the potential to be a vital resource for Native American youth given the high rates of sexual violence and sexual assault experienced by women,³⁹ but it must be implemented in a culturally appropriate way that takes into account the historical context of the tribe. In the community of the stakeholder we interviewed, intergenerational violence and high rates of sexual trauma contribute to a culture of shame and stigma around sexuality, resulting in sex not being openly discussed. Effective implementation of CSHE in this community will require an in depth understanding of the cultural context, and as a result conversations about CSHE should be initiated by a champion of sex education from within the community. The CSHE curriculum chosen should also reflect the local culture. There are several sexual health curricula created or adapted by Native American communities that are well received by Native American youth and meet the state standards for a comprehensive curriculum. **CSHE for tribal communities will be most successful if community education is championed by someone from the tribe, if CSHE classes are taught by someone from within the community, and if the curriculum selected reflects Native American voices and traditions.**

Local organizations with expertise in sexual health are another important resource for school districts during the implementation process. Several of these organizations in Washington (Rural Resources, Room One, Planned Parenthood) were mentioned in interviews as being valuable resources for the communities around them. The role of outside organizations is particularly important in small, rural school districts where there are not always enough teachers and funding to provide a full CSHE curriculum for all students. Many of these community organizations provide schools with grants to fund sex education or offer their services for free. Depending on a school districts' needs, Planned Parenthood and Room One in particular partner with school districts to train educators, act as consultants for curriculum selection, and/or teach the curriculum to students themselves. **For many school districts these organizations are vital partnerships that ensure CSHE is delivered to all students. School districts should seek them out when needed.**

Lack of representation in positions of power was a frequently mentioned barrier to CSHE implementation. Several stakeholders shared examples of school districts where the school board opposed CSHE despite the support of teachers, parents, students, and school staff. Participants also reported that school boards often do not reflect the diversity of their communities in terms of race/ethnicity, sociodemographic status, and religion. **Communities should engage in advocacy to promote school board candidates that represent the diversity in the school district to ensure that decisions are made in the best interest of all community members.**

Addressing Community Opposition

In school districts where opposition to CSHE has been a barrier in the past, addressing the concerns of those who do not support CSHE in schools is a necessary part of the implementation process. Even though opposition was frequently identified as the most significant barrier to CSHE prior to passage of the new law, it is important to note that the majority of school districts in Washington already have some type of sexual health education, and in fact in the 2018-2019 OSPI *Physical Education and Health Instruction Assessment Report*, only 6.6% of school districts reported that they did not offer sexual health education.²⁷ In addition, many studies have shown that most parents do support sexual health education in schools.⁴⁰⁻⁴⁴ Now that there is a state mandate, community members should no longer be able to block CSHE from schools. **However, conversations with individuals who oppose sexual health in schools are still vital to successful implementation of the curriculum.**

A significant percentage of community opposition is due to misinformation. **Educating the community about what a CSHE curriculum includes and what it does not will help to dispel myths and counteract the misinformation campaigns perpetuated by the anti-sex education movement.** Many parents did not have sex education themselves and so do not know what their children are being taught. **Parents need to be given access to the curriculum, either by reviewing the materials or sitting in on class sessions so they can see for themselves what CSHE entails.** Communities could also start the process of implementation by providing parents with sexual health education first. This not only educates parents, it allows them to experience the curriculum and prepares them for conversations with their own children. Transparency around CSHE is important, especially in the face of the widespread misinformation and misunderstanding of the law. **Engaging all community stakeholders,**

including parents, from the beginning of the process will help to address opposition early and increase the likelihood that school districts select CSHE programs that are accepted by the community and meet the new state standards.

Schools should also engage in further outreach to educate community members about CSHE. Several stakeholders mentioned the importance of holding community meetings and town halls, presenting at school board meetings, and partnering with local organizations to educate community members. **Outreach to the community should also come from CSHE champions within the community itself.** The effort to promote CSHE should not be seen as coming from an outside organization. This is especially important for communities in Eastern Washington that frequently feel forced to comply with mandates they perceive as coming from Washington's more socially progressive constituents in the western part of the state.

Many stakeholders reported that there were faith-based organizations in their community that opposed CSHE. Nationwide there are several religious organizations that support sex education and have experience engaging members of the faith community around issues related to sexuality.⁴⁵ **School districts in Washington with a high proportion of individuals from faith-based communities who oppose CSHE should look to these organizations for guidance on how the community can engage in discussions about CSHE.**

Promoting CSHE as a tool to prevent negative sexual health outcomes for youth is another way to find common ground between those who support CSHE and those who do not. **One approach to this conversation is the Values Question Protocol for sexual health education,** which distinguishes between universal and non-universal values, and prepares

educators to discuss controversial issues (such as abortion) in a way that is appropriate for a public school setting and respects the diversity of opinions within the community.⁴⁶

Ultimately, there will always be people who do not want their children to receive sex education at school. For those individuals, it is crucial to emphasize the opt-out option. Schools are mandated to teach CSHE, but students are not mandated to take the class. **It is important that communities understand that the goal of the law is to make CSHE available to all students, and not to force children to learn something that is against their values.**

Future directions

As schools across Washington start the process of selecting new CSHE curricula, students should be included. Without a curriculum that fits their needs, students will look to other less reliable sources for information about sex and sexuality. Schools should include students on their local sexual health advisory boards. Students can also be trained as peer sexual health educators. Several organizations in Washington have youth leadership groups that are involved in sex education in their schools and communities. Every stakeholder who mentioned a youth leadership group praised the positive impact they have had on their peers and in their communities. These efforts should be encouraged and expanded. Future research should also include surveys and interviews with students about their experiences with CSHE in Washington. Students should be given an opportunity to share what was effective and to make suggestions about how to make the education more applicable to their lives. CSHE in schools also misses a significant proportion of youth who are not in school. Working with students to

create sexual health programming that is not school based is another way to expand access to sex education for Washington youth.

Limitations

There are several limitations to this report. First of all, the majority of individuals interviewed worked at community organizations who specialized in sexual health education, while only a few participants were school employees. This was due in part to the fact that the COVID-19 pandemic happened in the midst of the interviews, causing schools to quickly transition to remote, online schooling. Since the majority of contacts came from OSPI and the snowball method, the sample was also biased towards individuals who supported CSHE. Our sample lacked representation from all school districts and all counties in Washington, as well as parents and students. Stakeholders were also predominately from rural communities. Additionally, the author who conducted the interviews coded the transcripts, which has the potential to compromise objectivity.

Conclusion

The findings from this report provide additional insight into the barriers that exist to implementation of CSHE in Washington public schools. Exploration of this topic is timely given the recent passage of SB 5395. Washington has already taken the first step to ensuring that students have equal access to CSHE by mandating the curriculum all students. In the next phase of implementation, it will be important for OSPI to continue to provide support to school districts in terms of online resources and troubleshooting as they undergo curriculum selection.

Additional OSPI staff, as well as funding would have a significant impact on implementation, but both are unlikely given current staffing and the economic impact of COVID-19. Establishing a plan for policy evaluation will help to identify future policy interventions to fully support CSHE and ensure equal implementation across the state. All school districts, especially those that experience opposition to CSHE from the community, will need to engage in community outreach and involve all stakeholders in a transparent and inclusive curriculum selection process to maximize the potential for community acceptance.

Access to CSHE is an issue of equity and full implementation for all students remains a challenge. Coordinated efforts from OSPI, school districts, school staff, and community members, as well as an improved evaluation system are essential to the state's ability to make CSHE a reality for all students in Washington.

References

1. Bridges E and Hauser D. Sexuality Education. Advocates for Youth. May 2014. Accessed May 19, 2020. <https://advocatesforyouth.org/resources/fact-sheets/sexuality-education-2/>
2. Why Comprehensive Sexuality Education is Important. UNESCO. February 15, 2018. Accessed May 19, 2020. <https://en.unesco.org/news/why-comprehensive-sexuality-education-important>
3. What Works: Sexual Health Education. Centers for Disease Control and Prevention. February 3, 2020. Accessed May 19, 2020. <https://www.cdc.gov/healthyyouth/whatworks/what-works-sexual-health-education.htm>
4. Abstinence Education Programs: Definition, Funding, and Impact on Teen Sexual Behavior. Kaiser Family Foundation. June 1, 2018. Accessed May 19, 2020. <https://www.kff.org/womens-health-policy/fact-sheet/abstinence-education-programs-definition-funding-and-impact-on-teen-sexual-behavior/>
5. Society for Adolescent Health and Medicine. Abstinence-Only-Until-Marriage Policies and Programs: An Updated Position Paper of the Society for Adolescent Health and Medicine. *J Adolesc Health*. 2017;61(3):400-403. doi:10.1016/j.jadohealth.2017.06.001
6. Denford S, Abraham C, Campbell R, Busse H. A comprehensive review of reviews of school-based interventions to improve sexual-health. *Health Psychol Rev*. 2017;11(1):33-52. doi:10.1080/17437199.2016.1240625
7. Shepherd LM, Sly KF, Girard JM. Comparison of comprehensive and abstinence-only sexuality education in young African American adolescents. *J Adolesc*. 2017;61:50-63. doi:10.1016/j.adolescence.2017.09.006
8. Snapp SD, McGuire JK., Sinclair KO, Gabrion K, Russell ST. LGBTQ- inclusive curricula: why supportive curricula matter. *Sex Education*. 2015;15(6):580-596. doi:10.1080/14681811.2015.1042573
9. Haberland NA. The case for addressing gender and power in sexuality and HIV education: a comprehensive review of evaluation studies. *Int Perspect Sex Reprod Health*. 2015;41(1):31-42. doi:10.1363/4103115
10. Lindberg LD, Maddow-Zimet I. Consequences of sex education on teen and young adult sexual behaviors and outcomes. *J Adolesc Health*. 2012;51(4):332-338. doi:10.1016/j.jadohealth.2011.12.028
11. Schalet AT, Santelli JS, Russell ST, et al. Invited commentary: broadening the evidence for adolescent sexual and reproductive health and education in the United States. *J Youth Adolesc*. 2014;43(10):1595-1610. doi:10.1007/s10964-014-0178-8
12. Kozhimannil KB, Hardeman RR, Henning-Smith C. Maternity care access, quality, and outcomes: A systems-level perspective on research, clinical, and policy needs. *Semin Perinatol*. 2017;41(6):367-374. doi:10.1053/j.semperi.2017.07.005
13. An Updated Review of Sex Education Programs in the United States. American Medical Association. 2009. Updated 2019. Accessed May 20, 2020. https://policysearch.ama-assn.org/policyfinder/detail/*?uri=%2FAMADoc%2FHOD.xml-0-987.xml
14. In Good Company: Support for Comprehensive Sexuality Education. Sexuality Information and Education Council of the United States. June 2014. Accessed May 20, 2020. <https://siecus.org/wp-content/uploads/2018/08/In-Good-Company-2014.pdf>
15. State Policies on Sex Education in Schools. National Conference of State Legislatures. Updated April 1, 2020. Accessed May 20, 2020. <https://www.ncsl.org/research/health/state-policies-on-sex-education-in-schools.aspx>
16. Manlove J, Fish H, Moore KA. Programs to improve adolescent sexual and reproductive health in the US: a review of the evidence. *Adolesc Health Med Ther*. 2015;6:47-79. doi:10.2147/AHMT.S48054
17. Hudson B, Hunter D, Peckham S. Policy failure and the policy-implementation gap: can policy support programs help? *Policy Design and Pract*. 2019;2(1):1-14. doi: 10.1080/25741292.2018.1540378
18. Washington State Healthy Youth Survey. Healthy Youth Survey Fact Sheet: Sexual Behavior, Orientation, and Identity for Washington State. 2018. Accessed May 21, 2020.
19. Washington State Department of Health. Sexually Transmitted Disease Profile Washington State. 2014. Accessed May 21, 2020. <https://www.doh.wa.gov/Portals/1/Documents/Pubs/347-634-WAState2014.pdf>
20. Washington State Department of Health. STD Fast Facts: Washington State 2018. Accessed May 21, 2020. <https://www.doh.wa.gov/Portals/1/Documents/Pubs/347-350-FastFacts2018.pdf>
21. Washington State Department of Health. Induced Abortion/Pregnancy Tables by Topic: Years 1997-2016. Accessed May 21, 2020.

<https://www.doh.wa.gov/DataandStatisticalReports/HealthStatistics/AbortionPregnancy/AbortionPregnancyTable sbyTopic>

22. Washington State Healthy Youth Survey. Healthy Youth Survey 2018: Report of Results. Accessed May 21, 2020.
<https://www.doh.wa.gov/Portals/1/Documents/8350/HYSStateMultiGradeReport.pdf>

23. Washington State Healthy Youth Survey. 2016 Analytic Report. June 2017. Accessed May 21, 2020.
<https://www.doh.wa.gov/Portals/1/Documents/Pubs/160-193-HYS-AnalyticReport2016.pdf>

24. Washington Office of Superintendent of Public Instruction. Recommendations for Sexual Abuse Prevention Education in Washington State K-12 Schools. 2019. Accessed May 21, 2020.
<https://www.k12.wa.us/sites/default/files/public/hivsexualhealth/pubdocs/Erin%27s%20Law%20Report%20Final%20ADA.pdf>

25. The Washington State Department of Health and The Office of Superintendent of Public Instruction. Guidelines for Sexual Health Information and Disease Prevention. January 13, 2005. Accessed May 21, 2020.
<https://www.k12.wa.us/sites/default/files/public/hivsexualhealth/pubdocs/sexedguidelines011005.pdf>

26. Washington Office of Superintendent of Public Instruction. Health & Physical Education K-12 Standards. 2016. Accessed May 21, 2020.
<https://www.k12.wa.us/sites/default/files/public/healthfitness/standards/hpe-standards.pdf>

27. Washington Office of Superintendent of Public Instruction. Physical Education and Health Instruction Assessment Report. 2018-2019. Accessed May 21, 2020.
<https://www.k12.wa.us/sites/default/files/public/event/2019/09/PE%20and%20Health%20Assessment%20sex%20ed%20data.pdf>

28. Centers for Disease Control and Prevention. School Healthy Profiles 2018. Accessed May 21, 2020.
<https://www.cdc.gov/healthyyouth/data/profiles/pdf/2018/CDC-Profiles-2018.pdf>

29. Washington Office of Superintendent of Public Instruction. Comprehensive Sexual Health Education Workgroup Report to the Legislature. 2019. Accessed May 21, 2020.
<https://www.k12.wa.us/sites/default/files/public/communications/2019-12-Sexual-Health-Education-Workgroup.pdf>

30. Washington Office of Superintendent of Public Instruction. Report for Washington Youth Sexual Health Plan - Youth Engagement Survey. 2019. Accessed May 21, 2020.
<https://www.k12.wa.us/sites/default/files/public/event/Meeting/2019/08/Youth%20Data%20-%20WYSH%20Plan.pdf>

31. Concerning comprehensive sexual health education, S 5395, 66th Leg, (WA 2020). Accessed May 21, 2020. <https://app.leg.wa.gov/billsummary?BillNumber=5395&Initiative=false&Year=2019#documentSection>

32. Making 2019-2021 biennium operating appropriations, H 1109, 66th Leg, (WA 2020). Accessed May 21, 2020.
<http://lawfilesexet.leg.wa.gov/biennium/2019-20/Pdf/Bills/House%20Passed%20Legislature/1109-S.PL.pdf>

33. Hernandez BF, Peskin MF, Shegog R, et al. iCHAMPSS: Usability and Psychosocial Impact for Increasing Implementation of Sexual Health Education. *Health Promot Pract.* 2017;18(3):366-380.
doi:10.1177/1524839916682004

34. Sandelowski M. Sample size in qualitative research. *Res Nurs Health.* 1995;18(2):179-183.
doi:10.1002/nur.4770180211

35. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res in Psychol.* 2006; 3(2): 77-101.
doi:10.1191/1478088706qp063oa

36. Donovan K. The Looming threat to Sex Education: A Resurgence of Federal Funding for Abstinence-Only Programs? Guttmacher Institute. March 30, 2017. Accessed May 21, 2020.
<https://www.guttmacher.org/gpr/2017/03/looming-threat-sex-education-resurgence-federal-funding-abstinence-only-programs#>

37. Washington State Department of Health. Health Impact Review of ESSB 5395. July 29, 2019. Accessed May 21, 2020.
<https://www.k12.wa.us/sites/default/files/public/event/Meeting/2019/08/HIR-2019-19-ESSB5395.pdf>

38. Washington Office of Superintendent of Public Instruction. HIV and Sexual Health Education Resources. Accessed May 21, 2020. <https://www.k12.wa.us/student-success/resources-subject-area/sexual-health-education/hiv-and-sexual-health-education-resources#1>

39. Urban Indian Health Institute. Our Bodies, Our Stories. Accessed May 21, 2020. <https://www.uihi.org/projects/our-bodies-our-stories/>
40. Tortolero SR, Johnson K, Peskin M, et al. Dispelling the myth: what parents really think about sex education in schools. *J Appl Res Child*. 2011;2:2.
41. Ito KE, Gizlice Z, Owen-O'Dowd J, Foust E, Leone PA, Miller WC. Parent opinion of sexuality education in a state with mandated abstinence education: does policy match parental preference?. *J Adolesc Health*. 2006;39(5):634-641. doi:10.1016/j.jadohealth.2006.04.022
42. Eisenberg ME, Bernat DH, Bearinger LH, Resnick MD. Support for comprehensive sexuality education: perspectives from parents of school-age youth. *J Adolesc Health*. 2008;42(4):352-359. doi:10.1016/j.jadohealth.2007.09.019
43. Bleakley A, Hennessy M, Fishbein M. Public Opinion on Sex Education in US Schools. *Arch Pediatr Adolesc Med*. 2006;160(11):1151–1156. doi:10.1001/archpedi.160.11.1151
44. Constantine NA, Jerman P, Huang AX. California parents' preferences and beliefs regarding school-based sex education policy. *Perspect Sex Reprod Health*. 2007;39(3):167-175. doi:10.1363/3916707
45. Religious Institute. Religious Support for Comprehensive Sexuality Education in Public Schools. Accessed May 21, 2020. <http://religiousinstitute.org/resources/religious-support-comprehensive-sex-ed/>
46. Public Health - Seattle King County. The *FLASH* Curriculum Guide to Answering Students Questions. Revised 2011. Accessed May 21, 2020. http://www.preventconnect.org/wp-content/uploads/2014/12/Values-questions-protocol_FLASH.pdf

Table 1. Themes, subthemes, and exemplary quotes.

SUBCATEGORY/THEME	SUBTHEME	EXEMPLARY QUOTE
Logistical Barriers		
Unfunded mandate	CSHE is another state mandate without funding for schools.	And again it's another one of those things, where it's like, we get another law or mandate that yes the education system now has to do this, but we're not compensated financially or with more time in our day to achieve those things, so I don't know if it's just going to be one more thing. – S14
	Curriculum updates are expensive.	Funding and resources, absolutely, I would say that its certainly significant, I'm not privy to the actual financial dealings with the school district, but if you're not able to even fund for a counseling position, how are you going to have funding for training for CSHE. – S1
	Need funding for teacher training.	Our biggest question has been what's going to fund it, which has been a question for everybody, but really where that comes from in our perspective, is how can we make sure that teachers feel trained to implement this when so few adults I know had great role models of sexual health educators when they were young people, just that we expect to produce a state wide regimen of full-fledged trauma informed well equipped educators is a big ask. – S7
Lack of regulation and oversight of CSHE implementation in schools	Minimal monitoring and evaluation of CSHE in schools.	I just have concerns that the folks implementing in the area are not able to reinforce that training or that learning in the way that it needs to be reinforced, there is really no oversight in a big way. You can mandate in a big way, but no one is requiring report, no one is sitting in the classes and seeing that there is a lot of folks getting away with not doing or adjusting the information and they can because it's a rural area, these are tiny school districts, and they know that their administration and the school board will not be upset about it. – S1
	OSPI does not have the capacity or funding to oversee what is being taught in all school districts.	And that's why we needed this legislation, the sex ed bill to pass, because OSPI has no way to check on schools right now, no enforcement of it, and that's why the sex ed bill is so important, because no one is being honest and no one even knows what they're offering. – S10

	Many schools have been teaching abstinence only curricula or sex education that does not meet state standards.	My son is in Sunnyside school district, and I asked him to talk to me about, when he had the week of sex ed, and the one thing he learned from sex ed, because the teacher went off track because they don't have a set curriculum, was that HIV was started by the gays, that's what my son came home with, in 7th grade. – S10
	State policies often mandate initiatives that are never completely implemented at the school level.	... it's funny before I worked at a school, I thought everybody did what their boss said, we all followed the same set of guidelines, and then when you come to the school there is like different opinions, and teachers teach this way or this way, so I'm not quite sure if there is a way, cause things are so grey area here that it would be enforceable. And again it's another one of those things, where it's like, we get another law or mandate that yes the education system now has to do this, but we're not compensated financially or with more time in our day to achieve those things, so I don't know if it's just going to be one more thing. – S14
	With tribal sovereignty, public schools on reservations don't always enforce state policies.	... seeing that we are on the reservation, and tribal sovereignty, I know that there are many, many things that have been passed through the state that we have not ever had to implement, so I don't know if that would be a barrier, even within my work there are so many ways that we can't support survivors because of that, because the tribe didn't have to adopt it ... Technically, if it's a public school than the state law would affect them ... you would think, but I don't know it's such a grey area, so that would be an additional barrier. – S8
Not enough time in the curriculum	CSHE is too many curricular hours when schools already struggle to include all required academic content.	I would say so, a number of schools who use the FLASH curriculum, that's a fairly popular selection, however I will say, that even though they make a selection like the FLASH program that doesn't necessarily mean that the district teaches the program the way that it is intended to be covered. A lot of it is really time, they don't provide the time for the instruction to take place, they pull bits and pieces of it based on what time is allowed. I wouldn't say they actually cover it the way it is intended to be covered. They are adapting it because they are minimizing the content. – S6
	Students not receiving full CSHE because teachers forced to take	One of the main barriers is that for districts to implement this type of curriculum without any additional funding would be challenging, because it is a time factor, and so if you are going to include more curriculum during the day, what are you going to take out or change in order to

	out certain sections due to time limitations.	do that and that's why programs like FLASH are really not provided to their full extent because the districts look at that and the amount of time it takes to provide that and they just don't do it. – S6
Educators unprepared to teach CSHE	Lack of teacher training and discomfort with the material.	And that's something that I hear a fair bit from folks that are tasked with teaching sex ed or health curriculum, that they themselves are uncomfortable and they don't have the tools and the skills and the curriculum to support and so they just don't engage with it. – S1
	At small schools with only a few teachers, they are already required to wear too many hats.	Its more apathy, and kind of I've got 12 million other things to deal with, and I'm filling 3 jobs now, I don't have time to address sex ed for 50 students, it's not my priority. – S1
	Concerns about K-3 education in particular.	Another barrier is going to be, districts have had, with different levels with success, some sex ed in middle school, maybe something in high school, and maybe you're classic puberty classes in 5th or 6th grade, this K-4 element is going to be brand new, and K-4 teachers are going to feel unprepared, or nervous, or you're going to have a wide array of people feeling comfort or not comfortable teaching this. – S15
<i>Barriers Related to Values and Beliefs</i>		
Opposition to CSHE in schools	Community opposition often comes from a vocal minority.	Which can be challenging and its often what we see in some of these communities, despite CSE being overwhelmingly supported on a bipartisan level and school districts wanting to implement – their school board meetings will just be rabble roused by a very vocal minority and it pretty much removes it from the docket. – S7

	<p>Opposition to CSHE due to personal values and religious beliefs.</p>	<p>Definitely just, it's very conservative out in our area and I think people who are in certain positions tend to bring in their own personal values and beliefs into something that should be fought not with values and beliefs. I think there is a lot of people who want to take the abstinence only because of like a religion and that fits for some of our kids, but not all of our kids. – S14</p>
	<p>Opposition from individuals who are anti-government.</p>	<p>Anything that is seen as mandating sex ed, that mandated part, I don't think it's even the sex ed part, I think it's the mandated part, and this is coming from the state government or OSPI, therefore I am going to oppose it because I oppose all things government. – S1</p>
	<p>Teachers unwilling to teach the curriculum.</p>	<p>But you know, on the other hand, if a teacher is, they've got 20 years left to teach, and it's a small district, and there is no one else who's going to do it, and this person is just adamantly opposed and they're going to insist on inflicting a bunch of values that are not universal, then you don't want that person teaching sex ed, so that might be a situation where you want an outside consultant. – S2</p>
	<p>Parents feel that sex education should be taught at home so they can control the messaging.</p>	<p>The comment I get is, we do that at home, we feel that belongs at home. And I say, well that's fine, if you're doing that for your children, that's wonderful, but there are children who don't have parents like you who need the community or some other adult they can trust to help them. – S4</p>
	<p>Parents didn't get sex education in school, so don't have a model for what to expect.</p>	<p>My parents were teen parents – I started doing CSHE with my siblings, and they were telling me, you know we're so grateful, we never learned this, we didn't get this in high school and so how would we ever need to know how to teach it and we weren't able to talk to you about it, and I think lots of parents were like that, they totally missed the boat on getting the talk themselves or learning and they are unable to share that information. – S5</p>
	<p>Parents assume that children in their community are not engaging in sexual behavior.</p>	<p>I think still people are thinking well, my youth shouldn't be sexually active, so they're not, and I think that's a lot of it. With all the Sexual Risk Avoidance curriculums, that's what they're teaching, that you are not supposed to be doing this, never cover this. So for some adults, some parents, they might be thinking that even though they are at that age, they are not doing it, so why would that impact our statistics, why would the education change it when my youth is not sexually active. – S11</p>

<p>Small communities can create a culture where it is difficult to support CSHE, especially for school administrators and teachers.</p>	<p>Because they're such small communities, there is definitely retaliation and backlash, and so, school board doesn't want to do that either, and sometimes it's their friend, so they might think one way but vote the other way based on who's in the room or what the pressure feels like, so I think a lot of people would be quite grateful if it passed because then it wouldn't have to be a fight. – S5</p>
<p>CSHE opposition mirrors politics in America.</p>	<p>You know, that's another consideration – its 2020 and we have the president that we have, there is so much bubbling and there is so much misinformation. You know, people are, they're defriending family and friends who have different political views. And they're subscribing to Facebook pages that only give them the anti-vaccine or the anti-LGBT or whatever belief they have they are only going to see articles from that, or they're only going to watch Fox news that is only going to present them with propaganda. Same goes for list serves and these national pro-life or anti-LGBT groups and so battling misinformation and you know teaching kids. – S15</p>
<p>Lack of tolerance and inability to meet in the middle.</p>	<p>I think also, the timing of just organization of political issues in America, it's not like we're the only place right now that is dealing with things right now. But I think that also contributed to the sort of the inability to just really talk and to kind of like meet in the middle seemed to be hard. – S3</p>
<p>Eastern versus Western Washington.</p>	<p>I hear it often from Eastern Washington, this is something that Seattle is trying to impose on the state, so it is perceived as being negative if it comes from Seattle, too progressive, too city for some in eastern Washington. – S13</p>
<p>Faith communities versus LGBTQ community.</p>	<p>On the LGBTQ side there is a legacy and history of discrimination and harassment and violence and stuff like that, so clearly you have to understand that. On the other side ... there was a Spanish speaking woman, I'm not sure how long she's been in the US, she was talking about how she was taking classes, a justice class, she goes, if I were to share what my personal beliefs are and what I think about sexuality relative to my religious beliefs I would fear that I would either be laughed out of the room or shunned, and that's a very legitimate, sort of, it's very difficult in certain situations and in certain climates to be able to express my identity without sort of a backlash. And I think if we can get past that, tolerance can go both ways. You can be not discriminatory, you can protect each other, and you can, so the person on the right will probably have to tolerate a gay pride parade with rainbow colors etc, and the people on the left will have to accept that there are still some people who are</p>

		<p>going to go to church and probably going to learn that sex is really intended between one man and one woman and that is ok for them to believe that. And I think that if we can get to that conversation it would be better, right now I think it's very difficult to get to that. – S3</p>
	<p>Specific curricular elements that frequently experience opposition</p> <ul style="list-style-type: none"> - Abortion - LGBTQ/gender identity lessons - Condom demonstrations - K-3 curricula 	<p>Would be concerned if ... as part of CSHE you were to talk about abortion and your right to only have a pregnancy if you want to have a pregnancy, they would be pretty vocal about that. – S1</p> <p>Definitely anything about the LGBTQ community, gender identity, gender expression ... I would say it's the LGBTQ stuff that is probably the biggest thing. – S5</p> <p>I would say sexuality is definitely one of them – like sexual orientation that's one that comes out a lot And so does condom demos, that's also a big one that people don't want to have that covered, which is unfortunate, because if you look at the statistics here in Yakima county gonorrhea and chlamydia are so high – and so to prevent that is using a condom, but nobody really talks about proper use of the condom, and nobody wants to do the demos at the schools. – S11</p> <p>Teaching any level of sexual health education in the early elementary years has the biggest opposition ... The early elementary one has really gotten people riled up, and there is really a lack of understanding about how that is being approached. – S13</p>
<p>Misinformation and misunderstanding of the law</p>	<p>Misinformation due to minimal exposure to CSHE.</p>	<p>... it's really just the misinformation that is hurting us, because there is so little exposure not only within our own educational experience going through that school district, but in our region that its really influencing the opinions of that many families are having on it. – S8</p>
	<p>Law is not written so lay people can understand.</p>	<p>By majority, there has been support, but there has also been a little bit of opposition – mostly because they don't totally understand the law in its entirety, making sense of law or the way that some of these memos are being published by the governor's office is not always written in laymen's terms so it can be difficult to understand, and that can pose some challenges. I've gotten 2 phone calls from 2 different districts from parents, kind of asking me what is this law, what does it mean, I don't understand it, I'm concerned, and their concerns stem from not really understanding what's been said about what could potentially happen. – S13</p>

	<p>Misunderstanding of what K-3 is and that the education will be age appropriate.</p>	<p>I get questions about, now that its mandated comprehensive sex education in schools, and people are like, well why do kindergarteners need to have sex ed, and what does it look like for them, and people need to understand that when its CSE its age appropriate every single time – so it’s not something that we would talk about at that point, we have a preschool lesson that we talk about good touch and bad touch and we try to go over the fact that you can say no, so its body autonomy and body anatomy, and that’s what we cover, and I think that people forget that its age appropriate. – S11</p>
<p>Shame and the effects of trauma</p>	<p>Opposition to CSHE due to adults/parents shame related to their own sexuality.</p>	<p>There is an unbelievable amount of heavy shame that’s placed particularly on adolescent sexuality, and I think that given the history of other people’s own sexuality, it can be incredibly triggering and really scary and what we are really trying to do in a year like 2020, is to set a new bar for what is an equitable education on sexuality, and what does that include because the status quo isn’t working. – S7</p>
	<p>Discussing sex is complicated in communities with high rates of intergenerational trauma/sexual violence.</p>	<p>I think that one of the biggest issues with this is the high levels of sexual violence and generational sexual violence within this community – and because a lot of that is perpetrated by family members and people that we know – the level of shame is very very high, and not only does that kind of like trickle into my work and what I do and the barriers that I run into, but I think it’s really setting a firm barrier for this, and maybe people think that their children being exposed to this would kind of lead to, I don’t know, more sexual violence, even though we know that it’s actually the opposite, to even be able share that information with them we would have to be breaking down a lot of barriers and breaking a lot of silence – and I think that that silence in regards to any sexual activity, sexual education is completely influenced by shame and I think that’s what’s stopping it. So it’s almost as if the community has to come to a higher level of healing – before they can even come to that level of understanding about why this is important. – S8</p>
	<p>Stigma prevents people from coming out in support of CSHE.</p>	<p>Students organizing around sex education – I think it’s one of those things that’s still so taboo in the general community that [students] maybe don’t feel supported and it would be kind of mortifying if it go back to their parents or whatever, so I don’t think that there’s that community support needed to be able to advocate for that, I know that it’s something that they are interested in, but again, there is that shame associated with “well, why do you want to know more about sex” that’s just where everybody goes. – S1</p>

<i>Lack of Community Representation in Positions of Power</i>		
	School board or school administration does not reflect community.	They wanted sex ed, the whole community wanted it and the school board voted no, even though there was parent support, within like a conservative community, your school board, especially in our areas, really don't look like your community or they haven't had children within the district for years, and so sometimes their values don't align with the values of the community They don't have to listen to the community, they can decide on their own ... – S10
	Lack of access to sex education disproportionately impacts people of color and low SES, which further promotes inequity.	Sex ed disproportionately effects youth of color and of low socioeconomic status as well, and not having access to those resources is also a form of inequity, which is also tied to educational services. – S13
<i>Suggested Policy Interventions</i>		
Institute a state mandate	Mandate is first step to ensuring access to all students in Washington.	How would I get CSE in communities like this? A state legislative passing a mandate. – S7
	Mandate allows school administrators and teachers who have been reluctant to support CSHE to move forward because it's the law.	I met with their curriculum director to talk about the importance of CSHE, he is also very conservative, and he was like I totally agree and I try my best to leave my values at the door and I try to think with an equable lens and he said that his biggest hope is just that the bill passes because then nobody can fight them against it, the law is the law and they're going to comply, that was his biggest hope. – S5

Increase funding for implementation of the policy	Curriculum redesign/adoption and teacher training are expensive and require funding.	Funding for implementing a curriculum – the funding is going to be around how are they going to provide training for the staff and does the curriculum they select have a cost because they’re not all free, is there a cost involved in that, licensing fees, training fees, and how to incorporate the curriculum into the rest of the curriculum that’s required. – S6
	More OSPI staff is needed to support Washington schools implement CSHE.	And I also understand, that in Washington there was no funding that got attached to the law, so they’re not hiring new staff, and as of right now, I think there might be 1 or 2 people who work on sex ed at OSPI, and so if they’re not hiring anymore And the person who’s there, she’s fantastic, but and I know she’s been working in this field for a long time, but with the 290 something school districts, it’s going to take time and effort to follow up and get reporting from everyone, and then I don’t know what mechanism she is going to have to get compliance. – S15
Improve regulation and oversight of CSHE in schools	Need to collect data, monitor, and evaluate how school systems implement the curriculum to ensure it is done to fidelity.	One of the things we did mention, if we were able to monitor through a more comprehensive data system – it would maybe make it a little easier, what type of curriculum is being implemented, how many students are being served, which students are opting in/out, what does the demographics look like, who is doing the curriculum, with the delivery of the curriculum – if we were able to capture that data more comprehensively and more effectively, maybe we would have better results despite local control – I think that’s something, it’s one of those things we’d like to have, but the reality is we have to start small and for the time being stick with what we have. If we had mandated reporting on what was being done, it would make things much, much easier, absolutely. – S13
	Create local structure in the community overseen by OSPI.	There needs to be a local structure in place that is overseen by OSPI, like a reporting mechanism to keeps everyone on track. – S10
	Use the ACLU to enforce the law.	California implemented mandatory sex ed 3-4 years ago, and as soon as that happened, school districts started scrambling to choose curricula, get their teachers trained, and the way they did it in CA they didn’t necessarily have an enforcement mechanism – but they partnered with the ACLU, so as soon as the law got passed, the ACLU would send letters to districts saying you know, this is the law, this is what you have to do to comply, we’re asking for XYZ as proof that you’re complying, and we will be following up. The ACLU sort of took on that role of sort of being the enforcer. – S15

Community Involvement in Implementation		
Engage community stakeholders early and often	Parents, faith based organizations, students, educators, community organizations, health care professionals, school staff and administrators.	Involving the stakeholders at every level I think is the most important part –if we can get stakeholder buy in from the get go, I think the community themselves as well as leadership at the same table we will be able to resolve the issues and not rely on misconceptions if everyone is there, I think that would be a good starting point for sure. Parents, family faith based organizations, students – I think are very important to have, that’s not something that’s always happened, educators, and other school staff and leadership – can’t just simply include the science teacher or the nurse, it is important I think the reality is that it may not be the science teacher or the nurse who is doing this education it might be someone whose job it is by default because there is nobody else but definitely having a well-rounded group of folks at the table, other community organizations that provide these services to schools (planned parenthood) and maybe even a physician or other health care providers at the table, to weigh in on the benefits, what the facts say, what does the data suggest, if we are able to move forward with this, what can we expect if we all contribute what is the data. – S13
	Students should be involved in the implementation of CSHE at their schools.	I think it’s critical that we have the student voice, this is for them and not including them I think is a grave mistake. For this to be successful, we need to have their voice and understanding what it is that they need and how can we deliver a product that meets their needs, and I think that’s something that has certainly been under looked, at least in our state, and in developing things for students and with students in mind. – S13
Ensure that communities retain some degree of local control of the process.	Implementation process should be individualized for each community.	Having the option and availability of the curriculum is useful, and at least the way we are trying to propose the bill in our state, just having the option there for local control to be able to determine which curriculum is best, I think that alone is something positive. – S13
	Best programs come from the community in response to a specific need or event.	I think our program works because it comes from the community, it was not imposed, it was not from the school or the health department or anything, it came from the community saying we need this – and that gave teeth to the school. – S4

	Cultural competence is important – there needs to be representation in the curricula and instructors.	Anecdotally – the kids who received the Native American sex ed, like one school I worked with at Pasco-Sherman Indian School in Omak ... the kids felt that this is made for me, or I am seen, or it recognizes who I am. So it's just sort of the acceptance of it I think was much higher. – S15
Utilize organizations in the community with expertise in sexual health	Partner with outside organizations for help implementing sex education, either for teaching trainings, curriculum adoption, or teaching the curriculum to students.	They said that in Okanogan county they have a particular problem where the turnover of teachers is quite high, and so in that situation it's almost as if the staff are more consistent at Room One than at some of those schools, and Room One probably has the most commitment and the most knowledge about sex ed for that area, so in a situation like that, it might be the best to have an outside agency helping. I think ideally, from the standpoint of sustainability, if Room One or some other non-profit like Planned Parenthood, was to come in and do the education, I think an ideal way to do it, would be to come in and guest teach and maybe get to a co-teaching model, and try and get the classroom teacher to a point of confidence and competence to do it on their own – But you know, on the other hand, if a teacher is, they've got 20 years left to teach, and it's a small district, and there is no one else who's going to do it, and this person is just adamantly opposed and they're going to insist on inflicting a bunch of values that are not universal, then you don't want that person teaching sex ed, so that might be a situation where you want an outside consultant. – S15
<i>Approach to Messaging in the Community</i>		
Engage community in outreach about CSHE	Hold community meetings and informational sessions about CSHE to educate the community.	I think the best way is to honestly, inform people, because the unknown, the, like all this other stuff that's incorrect online, that people keep seeing, sharing on Facebook – all of that, not all of it is fake, but most of it that I've seen at least that's very negative towards CSE is false, I think having – I would highly recommend that the school district do a night where they talk about the curriculum and what they're going to be teaching and everything, because I feel like yes, even though parents might not be into it, like I see why they want to be informed. Like if I had a kid and they were doing the same thing, I would want to know what's going on, so to me, the best way that you can kind of, try to steer away from the negativity, is to actually have a conversation with them ... – S11

	<p>Dispel myths to counteract misinformation campaigns.</p>	<p>I think a major thing, like if there is one big lesson that I learned, it is just to let school districts know, sex ed is not as bad as you think it's going to be. Like there is so much fear and so much supposition about how terrible it's going to be. And just reminding parents and school reminding districts, sex ed does not make kids have sex, in fact the more comprehensive sex ed you give to kids, the longer they wait to have sex, and it doesn't make kids gay or lesbian even if you talk about people who are gay or lesbian or trans, it doesn't make you trans, you know, the important thing is people can have whatever values and beliefs about you know, LBT people or abortion or whatever. – S15</p>
	<p>Use one-on-one communication so that those who oppose CSHE can voice their concerns.</p>	<p>The benefit of living in a small town, is that everyone knows where my office is, everyone knows my phone number, and especially when this curriculum was proposed and passed do a field test pilot, there were a lot of people who were upset, who wanted to reach out because they didn't agree with it for a wide variety of reasons I found that the most successful way to find balance within it, is to listen to everyone that came to talk to me, that a lot of times people just want the space to be heard, and that good listening skills are an endangered species right now, I think when folks find themselves on polar opposite ends of a particular issue that strikes to the core of their values, and I'd walk away from those conversations, probably not convincing them to not opt their kid or to not oppose the curriculum, but they feel like they've been able to air their grievances, so it takes a little bit of like the, takes the rage out of their sails. – S7</p>
<p>Ensure transparency around the curriculum</p>	<p>Give parents and community members access to the curriculum.</p>	<p>I think a lot about how to bring parents into the fold in a really open and thoughtful way – sometimes it feels like it's really polarizing for folks, because it feels like their values are coming into direct conflict with something like this being implemented into a school, which I completely respect and that's, those are groups that I have to interact with every day, but then I also would love to go just that next step and be like, it would be so great to offer classes to parents to give a preview of like, do you know what it looks like on lesson 3 in 6th grade where we talk about refusal skills, you want to know what it actually looks when we do a condom demonstration ... just dropping the veil a bit on some of these things. – S7</p>
<p>Promote CSHE as a prevention measure</p>	<p>We can all agree that we want our children to be safe and healthy; prevention starts with education.</p>	<p>I know you care about our community and are doing other things, and you care about our kids, everybody cares about our kids. We want to make sure that our kids have the knowledge they need to take care of themselves, we want to give them the knowledge and the resources. – S8</p>

	<p>CSHE is a violence prevention measure.</p>	<p>The stewards of children for child sexual abuse prevention, they say 1 in 10 children will experience sexual abuse by the time they're 18 kind of as a result of not having these conversations, but in my community and just growing up in here and having these conversations on a daily basis, I would put us at 1 in 3 – regardless of gender. So it's really concerning to me that we know that and these conversations still aren't happening. Not addressing sexual violence directly, but just you know, this is how we can prevent your child becoming a victim of sexual abuse and kind of going into the consent portion I think is something that people can at any age level grasp onto. – S8</p>
	<p>Students should learn about laws so they know the potential consequences of their actions.</p>	<p>I can remember having conversations with parents who would call and say, especially with respect to our son, I don't want my son to be in there, but do you want them to be informed about the consent laws? What if he is 18 and he invites a girl out on a date who is 15-16, and do you want him to be informed that if she were to accuse him of something that he would be in a very difficult position because she is not of the age of consent, do you think that would be good information for your son to have? And parents usually say, yeah I do. I think that there is a chance on that, if it's just, this is very useful information. – S3</p>
<p>Use data to convey the importance of CSHE</p>	<p>Disseminate local sexual health outcome data to the community.</p>	<p>Yes there is a lot I think, when I think about positions of power in our school boards and in the schools, it's a large majority white, upper class, typically very religious people as well– and so I think there is a lot of issues that they don't understand because they haven't experienced it or maybe they haven't dealt with it with their kids, and so when we talk about sexual abuse or high teen pregnancy rates, a lot of people don't know those numbers and so become intrigued once they hear them. – S5</p>
	<p>Show stakeholders what information students seek out on their own.</p>	<p>What we were doing is, there was, the school board maybe wasn't aware of what our kids were wondering about or searching. We have Gaggle that screens all of our emails and internet searches. We were working with tech to try to get a feel of what kids were really searching for when they were searching about sex. We were going to have our school nurse come and talk about questions, that kids have asked her about sex, I was going to come and talk about conversations and questions that I have fielded and let them know like, even though you don't want to believe that our young people are doing this or questioning this or wanting to know if this is a normal thing that's happening now that I did this, we wanted to kind of open their eyes and say, look, this is what's really happen, I think maybe they're just not aware of what our young people are doing and wondering about. – S14</p>

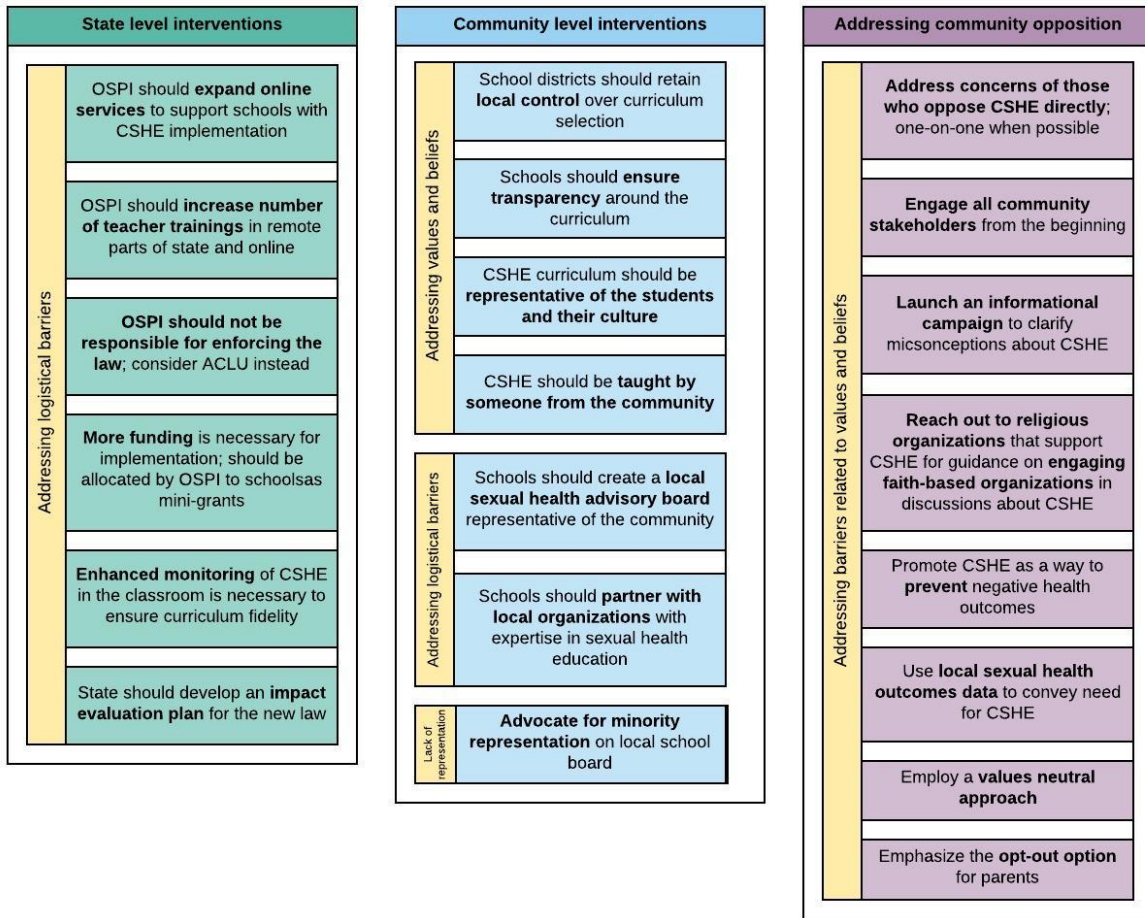
Ensure implementation process is inclusive and representative	Make sure implementation process includes all communities.	if we can include the voice of the migrant community, which is essential to our economy, and mention how this particular group is being disproportionately affected, because they have higher teen pregnancy rates in this particular region that seem to be more rural, if we include their voice and tie it to how it's a public health concerns that maybe we will have more of an argument – this is something that affects everybody, it should not be just perceived as a white woman's issue from Seattle ... It needs to be representative at every level and in every step of the way. – S13
	Make sure curriculum selected is representative of the community.	There needs to be a champion, and I really think that if that were the case, that it should really, I mean we've got to be culturally appropriate, like it needs to be someone who is native American, like preferably of the interior Salish of the region, and that's important, it's important to see our community reflected in the curriculum that's being brought to us. We've all sort of realized that it needs to be culturally specific. – S8
Approach messaging in a values neutral way	Use the Values Question Protocol for teaching training.	This, it was developed by PHSKC and its now commonly used in all sex ed teacher trainings, it's basically like, we're all going to agree that there are universal values that we're all going to teach our kids. Like, it's not ok to have sex with animals, it's not ok to have sex with people who are unconscious or who say no, it's not ok for adults and kids to have sex, those are values that everyone should be teaching, and hopefully everybody should agree on. And when you get to anything like, you know, masturbation, or sex outside of marriage, or LGBT, or abortion, then we're going to talk about this range of values, so let's make sure we know the facts first – for example, abortion is choosing to end a pregnancy, and you can do it by medication or surgery, so those are facts, we all agree on that, and the values about that – some people think that's never ok in any circumstance, some people think that as long as the mother's health or life is at risk its ok, and some people think that its ok no matter what. And then we say that if you want to figure out these kind of non-universal things, that's a good conversation to have with someone in your faith community if you have one or your parents. And telling parents that that's how values will be handled, is often very helpful. – S15

<p>Emphasize the opt-out option</p>	<p>As part of the law, parents can always opt their children out of CSHE.</p>	<p>So I think another thing is always highlight first that in any sex ed law, and I would say this is probably true in every state, there is always this caveat that every parent has the right to opt their kid out of one or a few or all of the lessons of sex ed. So just starting with, if you do not like this, you can have your kid not attend any of these lessons, and that is ok, but it is not ok to tell the district that they can't, that they shouldn't follow the state law, they are obligated to. – S15</p>
-------------------------------------	---	--

Table 2. Common Areas of Misinformation About Comprehensive Sexual Health Education.

Area of Misinformation	Exemplary Quotes
<p>Learning about CSHE topics changes student behavior and/or identity.</p>	<p>There is still this misconception that if you talk about it [sex], then it's more likely to happen. So if you talk about sex with middle or high school students then it is going to happen, that based on your instruction they are going to go out to have sex and get pregnant. – S6</p> <p>That one has come up, again as if we don't talk about things they won't exist, and somehow if we talk about those things out loud, if we talk to students about being gay, they will become gay, that's still a thought that people have. – S6</p>
<p>CSHE is used as a tool to promote controversial topics.</p>	<p>I think that's part of the push back, because people don't understand what sex ed is, within our little communities, they think that sex ed is a how to and how to promote abortion. – S10</p> <p>I think the biggest thing though is the self-identity issue having to do – people feel that this is a transgender initiative that we're pushing to become transgender, that's probably the biggest thing that I hear from people. – S2</p>
<p>CSHE includes topics that are not age-appropriate.</p>	<p>That is one of the biggest myths and stereotypes around here, is that if you teach CSE that means you are teaching 6 year-olds how to have sex ... – S1</p> <p>As a community, a lot are against, but it's because they're uneducated on what it's actually going to be, some parents are just truly scared that we are teaching their children porn and it's not. – S9</p>
<p>CSHE excludes abstaining from sex as an option for pregnancy prevention.</p>	<p>I've heard people say "Comprehensive means no abstinence" – that's a miscommunication or misunderstanding. – S5</p>

Figure 1. Recommendations to aid in implementation of CSHE.



Appendix A. Barriers to Comprehensive Sexual Health Education Interview Guide

Opening script

I am working on a thesis project to better understand barriers to implementation of comprehensive sexual health education in Washington, and to that end, I am interviewing individuals involved with sexual health education in school districts across the state that have been identified as places that have experienced unique barriers to adopting a comprehensive curriculum.

At the conclusion of the project, I [am hoping to] will use the interview findings to create a report that can be used by state policy makers to inform policies that help support school districts implement comprehensive sexual health education in all parts of the state.

[Before we get into the questions, I want to go over a few logistics with you.] A summary and quotes from this interview will only be included in the final report with your approval. Audio recordings will be destroyed at the completion of the project. I will share the final report with everyone I have interviewed once it is completed.

Before we move forward, I would like to ask you a few questions about permission:

- Are you comfortable with me taking notes during the interview?
- Are you comfortable with me recording this interview?
- Do you give me permission to include a summary of these notes and possible quotes in my final report?
- In an effort to de-identify the data, I am not planning to use anyone's name in the report, however there may be some instances when it might make sense to include the name of the school district. Are you comfortable with me including the name of your district in the final report?
- If there are questions you don't feel comfortable answering, that is OK. Please just ask me to skip the question or move on to the next.

Questions

Current sexual health curriculum

To start, I was hoping you could tell me about the current sexual health education program in your school district?

I know that some districts create their own curriculum or adapt an existing one to fit their community's needs or use an existing curriculum as is – either one from the OSPI approved list or one they have found elsewhere. Which do you think would best describe the curriculum your district uses for sexual health education?

- What curriculum does your school district use?
 - o Did you create your own?
 - o Did you choose one of the OSPI approved curriculums?
 - o Did you adapt a sexual health curriculum that already existed to fit your community's needs?

- If so, which did you choose and how was it adapted?
- What was important for your community to include in the curriculum? Was there anything that those involved wanted to leave out?
- Has your district made any effort to create a sexual health curriculum that was more culturally appropriate for your specific community? If so what changes were made?
- Do you know if your curriculum meets the standards of the Healthy Youth Act – is it comprehensive and medically accurate?
 - If it does not, how does it not meet the requirements?

Barriers

Can you think of any barriers to implementing comprehensive sexual health education in your district? If so, what are they?

- Are there enough available resources and funding? How does that impact CSHE?
- Are there enough teachers? What training do they receive?
 - Do you think the training health educators receive is appropriate?
 - If not, how do you think teachers could be more prepared to teach CHSE?

Does your district contract with an outside organization to teach sex education? Can you tell me more about that?

- How has that benefited your school?
- Have there been any draw backs?
- Are there any additional barriers you can identify that might come from having to contract out to another group?
 - Financial? Logistical?
- If your school had to bring sex education back in house, what would the impact of that be?
 - Resources? Staffing?
- Is sexual health in competition with other parts of the curriculum in terms of getting enough hours to teach comprehensive sexual health education?

Who is engaged in the debate about CSHE in your school district?

- Who are the champions?
- Who opposes it?
- Have these competing interests impacted sexual health education? If so, how?

Are there any district level factors that impact CSHE?

- Does the school administration approve or oppose CSHE?
- Does the school board approve or oppose CSHE?
- How have these different stakeholders impacted CSHE?

What are the district level policies that impact CSHE?

What are the local attitudes towards CSHE in your district?

- What are the main arguments for and against CSHE that you hear?

- Are there significant ideological disparities in terms of community member’s attitudes towards CSHE?
 - o How have those views impacted CSHE in your district?

How have students responded to sexual health education in your district?

- Are they generally happy with the experience?
 - o If so, why? If not, what would they like to change about the current sexual health education curriculum?
- Are they involved in sexual health education at all – outside of the classroom?
 - o Do they have a say in what is taught? Is there any organizing around this issue in student groups?

How is the sexual health curriculum evaluated in your district?

- How frequently is it evaluated?
- Who is in charge of that process?

What other supports do you think your community needs in order to fully implement comprehensive sexual health education in your district?

Is the current sexual health education sustainable? Do you see potential barriers to keeping it going as is?

Policy

What are the attitudes in your district towards the current state laws regarding sexual health education?

- What are the concerns about passing a state mandate?

Does the sexual health curriculum in your school district meet the standard of the Healthy Youth Act – is it comprehensive and medically accurate?

Do you think comprehensive sexual health education is feasible in your district? Why or why not?

How have people in your community responded to the current bill that has been proposed to mandate comprehensive sexual health education statewide?

If the bill passes and comprehensive sexual health education is mandated in Washington state, what will be the response in your school district?

- What changes will need to be made to your current curriculum?
- Do you see potential barriers to these changes? If so, tell me more about them.

Current sexual health education [If not answered previously]

In terms of the sexual health education in your district:

- In what grades do students receive sexual health education?
- How many hours in total is the curriculum?

- Who teaches it?

What is the approval process for a sexual health curriculum in your district?

- Who is involved in that decision making process?
- Who develops the curriculum?
- How long has your school district had the current sexual health education program?
- Are there any plans to revise it?

Do you think there are ways sexual health education could be improved in your district? If so, what do you think should be done?

- Have you noticed any benefits to sexual health education in your community/school district?
- Have there been any unintended consequences of sexual health education in your community?

Role in the community

Can you describe your job/position in the [name] school district?

How are you involved with sexual health education?

Closing

Is there anything else we didn't cover that you think would be helpful for me to know about sexual health education in your school district?

Is there anyone else you can think of who might be interested or willing to speak with me about this topic?

Additional questions

The following questions were added during the interview process:

What can be done to overcome some of the barriers we have discussed?

- What would need to change?
- What kind of supports would your community need?

Are there specific parts of the curriculum that are opposed in your community?

- How do you think that can be addressed?

If CSHE is passed in Washington, do you have suggestions about what they could include in terms of regulations to make sure it is enforced at the district level?

Appendix B. Codebook.

Inductive codes	Deductive codes
Curriculum	Abstinence only curriculum
Barriers	Access to curriculum
Funding	Approach to messaging in community
Logistics	Benefits of sex education
Teachers	Church/faith based organizations
Outside organization	Conservative beliefs
Opposition to CSHE	CSHE content
CSHE champions	Cultural competence
Community involvement	Curriculum - choice
Values and beliefs	Curriculum - redesign
Local policy	Curriculums that don't meet the standard
State policy	Dosage sex education
School administration	Eastern vs Western WA
School board	Fear of losing job
Students	Fidelity to the curriculum
Parents	Funding - OSPI
Miscellaneous	Intergenerational knowledge/experience
	Health outcomes
	Individualized community programs
	K-3 curriculum
	Knowing the community
	LGBTQ+
	Limited resources
	Medical community
	Message of prevention
	Misinformation
	Mistrust
	Misunderstanding
	One on one communication
	Opposition - vocal minority
	Outdated curriculum
	Outside organization
	Parents - opt out
	Planned Parenthood
	Politics in America
	Regulation/oversight

Representation
Rural/small communities
Sexual violence
Shame around adolescent sexuality
Social media
Stigma around sex education
Teacher comfort
Teachers training
That's not happening to my child
Time in curriculum
Transportation