What does it take to implement high quality sexual health education?

Case Studies of three Local Education Agencies

In 2013, the Division of Adolescent School Health at the Centers for Disease Control and Prevention (CDC DASH) awarded 17 Local Education Agencies (LEA) funding to strengthen sexual health education in their schools, as part of their efforts to reduce HIV and other STI. Funded partners were charged with providing guidance, materials and professional development to build teachers' knowledge and skills to deliver sexual health education effectively. They were encouraged to work more intensively with a set of priority schools with a relatively high proportion of youth at risk of HIV/STI.

To help LEA carry out this work, CDC DASH funded Healthy Teen Network to provide capacity building assistance, including professional development, technical assistance and resources. They also supported our efforts to document examples of how LEA have strengthened sexual health education since the funded program began. This effort has culminated in three **case studies**.

Our Methods. Between December 2017 and March 2018, we visited the New York City Department of Education, Broward County Public Schools, and Oakland Unified School District. We conducted in-depth interviews with teachers and administrators at each district using a protocol approved by each district's institutional review board. We made detailed notes during each interview and collected copies of policies, guidance documents, and professional development agendas where needed. Immediately after each school district visit, we compared and analyzed interview notes and district materials for overall themes, challenges and how those challenges were overcome, impacts on staff and students, and other accomplishments. We shared draft versions of our case studies with each district to confirm accuracy prior to finalizing the content.

Keys to Success

The districts we interviewed were diverse in terms of their history of providing sexual health education, the demographic makeup of the students they serve, and their current policies. But they shared common beliefs about what makes them successful at implementing sexual health education in their districts. We distilled their thoughts into these keys to success:

Strong policies

Policies are especially helpful when they specifically list the topics that must be covered, and require that teachers receive professional development.

A designated champion

To keep sexual health education from falling to the bottom of the priority list, it's essential to have a point person whose job description includes coordinating sexual health education.

Relationships

The champion needs to make a plan to build and continuously maintain relationships. Showing up to meetings of counselors, nurses, wellness committees, teachers, and administrators takes time and effort—but pays off in the end.

Communications skills

People doing this work need to help stakeholders see the value of sexual health education, and need to know how to build awareness of supportive policies. This is not as easy as it sounds, and champions sometimes need support from communication experts.

A logical 'home'

Some districts don't offer health as a subject at all, and those that do may only offer it in high school. And even then, health is not always a required subject. But sexual health education can fit into other core academic subjects such as science and language arts, and the champion needs to help schools figure out where it fits.

High-quality materials

In addition to lessons that are consistent with the characteristics of effective curricula, this could include supplementary guides, student workbooks, slides, educator kits, etc. Teachers are much more likely to implement sexual health education when they don't have do any extra work to get everything they need.

Listening to teachers

Taking the time to regularly gather teacher feedback on what works/does not work and revising the lessons and materials accordingly helps teachers feel more invested in the lessons and makes the materials even more user-friendly.

Professional Development

Districts need to make sure they have the right people teaching this topic, and that the teachers feel ready to teach it. In addition to providing skills-based professional development, this involves checking in with teachers and following up as needed with coaching and co-teaching or modeling of challenging activities/lessons.

New York City Department of Education

With over one million students (K-12) attending 1,600 schools, the New York City public school system is the largest in the United States.[1] The diverse student population is 40.6% Latino, 27.2% Black, 15.6% Asian/ Native Hawaiian/Other Pacific Islander, 14.6% white, 1.1% multiracial, and .9% Native American.[2] The New York City Department of Education (NYCDOE) oversees schools in all five boroughs (Brooklyn, Manhattan, Queens, Staten Island and The Bronx) and has an annual budget of $25 billion.

> My college training in health education didn't address issues related to gender diversity. Participating in the gender training gave me the language to be inclusive and the knowledge to integrate gender and the unique issues LGBTQ youth face in making sexual decisions.
>
> CERTIFIED NYC
> HEALTH EDUCATION TEACHER

The NYCDOE's Office of School Wellness Programs (OSWP) is the body responsible for implementing sexual health education. They provide guidance on the sexual health topics that should be taught, curricula to use, and resources/community partners that support instruction, as well as implementation support.

OWSP allows teachers autonomy in deciding which sexual health topics to teach and how to teach them with two exceptions. Teachers are required to make sure lessons adhere to state and city requirements and state standards,[3] and cover the topic of HIV prevention using lessons from the NYC DOE HIV/AIDS Curriculum (five lessons during K-5 and six lessons during 7-12). These HIV lessons are incorporated into the larger comprehensive health education program as advised in the OSWP pacing guide and scope and sequence currently being developed. The pacing guide and scope and sequence include other sexual health topics and recommend lessons to use in teaching those topics. OSWP does not require that a particular curriculum be used, rather it recommends vetted curricula and lessons which align to national, state, and city standards and requirements. Sexual health lessons are largely drawn from several nationally published curricula, including *HealthSmart*, *Reducing the Risk*, and *Draw the Line/Respect the Line*.

Since 2014, with funding and technical assistance from CDC DASH, OSWP has been working closely with 26 New York City high schools serving as "focus schools" for this CDC-DASH funded project to promote, as well as institutionalize, sexual health education. Twenty one of the 26 high schools are supported by CDC DASH. In December 2017, Healthy Teen Network interviewed high school health education teachers, one Principal, and OSWP staff to learn about the strategies they have been using to bring sexual health education to these focus schools.

What strategies helped NYCDOE implement high quality sexual health education?

Strategy 01.

Building Awareness and Buy-in for Sexual Health Education.

There are several gatekeepers who can bring sexual health education to the forefront of a school's list of competing priorities. Principals are one of the most important of them. This project created an opportunity for OSWP staff to visit with principals and vice-principals to educate them about sexual health education and create buy-in for its implementation. During these visits, OSWP reviews NYCDOE policies on health education (and sexual health education in particular), and explains the link between quality health education (including sexual health education), and student academic outcomes, attendance, and self-regulation. OSWP orients principals about the skills taught in sexual health lessons and how these skills are also life skills—skills that apply to healthy living in general, relationships, schoolwork and careers. OSWP explains that sexual health education can be reinforced outside of health class, by being integrated into other curricula and extra-curricular activities (e.g., anti-bullying campaigns, spirit week, etc.). These in-person visits have been successful in gaining principal support for, and endorsement of, sexual health education.

In addition to working with principals, CDC DASH funding helped the OSWP to establish or revive school wellness councils in several focus schools. Active school wellness councils have helped to build awareness about the need for sexual health education with parents, paraprofessionals, and other faculty—all of who influence the acceptance and prioritization of teaching sexual health in schools.

Strategy 02.

Building Capacity to Implement Sexual Health Education Effectively.

The New York City Department of Education is staffed by almost 135,000 employees, nearly 80,000 of which are teachers. Of these teachers, only 151 are licensed to teach health education—simply not enough to teach health in all NYC's high schools. As such, principals often need to call upon teachers from other disciplines (e.g., physical education, science, social studies) to teach health. These teachers do not always have the content knowledge, pedagogical skills, or comfort to teach about sexual health topics in a confident, engaging, and effective way. Even health certified teachers don't always feel prepared to cover all of the topics, especially those related to consent, gender, and sexual orientation. In some cases, teachers may drop sexual health topics in favor of other health topics they are more comfortable talking about or they might unintentionally provide misinformation. CDC DASH funding allowed OSWP to develop a multipronged professional development approach to support these teachers.

Professional Development. OSWP established multiple points of contact with health teachers. First, they have been able to expand their menu of professional development trainings for focus schools related to sexual health education. Standard OSWP training includes comprehensive health education and sexual health education basics, HIV prevention, and orientation to the Condom Availability Program (CAP). OSWP has doubled the number of trainings it offers based on teacher-requested topics, and/or topics identified through OSWP staff observations. Examples of these topics have included gender identity and expression, adapting and updating DOE recommended curricula, socio-emotional learning, healthy relationships, and dating violence. In addition, guest trainings provided by national organizations like Healthy Teen Network and community partners (largely non-profit organizations in NYC), have delivered training on topics specific to their organization's expertise.

Customized Support for Focus School Teachers. Second, semi-annual site visits provide an opportunity for health teachers to talk about their curricula, their students' needs, challenges, and ways to overcome those challenges with OSWP. These site visits are also an opportunity for OSWP to provide follow-up technical assistance and share new resources. One health teacher commented on the support she receives from OSWP by saying "OSWP provides excellent customer service."

Third, and equally important to these formal capacity building activities, are the informal ones that the CDC DASH funded program has cultivated. One such example is the professional community that has developed among health education teachers that did not exist before.

Student Impact

"Macy" takes off her hoodie.

One health education teacher talked about how OSWP helped her to help a student (we'll call this student "Macy") become comfortable with her gender identity. Because of OSWP professional development trainings, this teacher increased her understanding of sexual orientation, gender identity and gender expression. The trainings helped her better integrate an LGBTQ perspective into all aspects of her sexual health lessons. As a result, "Martin," formally a non-talkative and disengaged student, felt secure enough to come out as Macy to this teacher and in class. She no longer hides under her hoodie and has the confidence to talk in class about being transgender.

> “I want my students to remember what they learned in my class. The meetings motivate me to be my best. I don’t just want to tick a box. I want to be the best health teacher in the district!”
>
> CERTIFIED NYC
> HEALTH EDUCATION TEACHER

Strategy 03.

Building a Community of Health Education Teachers.

Health education teachers are unique in that they do not have a group of colleagues in their school to exchange resources, discuss classroom challenges, discuss curricula, etc. (i.e., there is no “Health Education Department” like there are “English Departments” or “Math Departments” in most schools). As such, health education teachers often feel isolated. Health teacher assignments within a school can vary from year to year, and teachers and principals may transfer to other schools—disrupting the feeling of having a professional health education home.

CDC DASH funding has helped OSWP to create new avenues for health teachers to feel supported. Health education teachers connect through health education meetings at the beginning (kick-off meeting) and the end of the school year (celebration meeting), and professional development trainings (described earlier). They can also exchange ideas virtually through the WeTeachNYC web portal.

These gatherings are allowing health teachers to get to know each other, and as a result, feel comfortable in reaching out to each other for curriculum ideas, resources, and problem solving. Anecdotally, as a result of this support, health teachers are feeling motivated to teach sexual health and to teach it well.

Over the last few years, teacher “champions” have surfaced and have begun to serve as mentors to other health teachers. A Mentor Leadership Program was created last year. Currently, there are four health teacher mentors who have mentees. Mentors have been able to observe and coach other health teachers in their classroom and provide support by phone and email.

Strategy 04.

Refreshing Health Education Policies and Recommendations.

CDC DASH funds have helped OSWP to educate policy-makers on potential ways to strengthen sexual health education, which resulted in decisions to implement a district-wide Condom Demonstration Policy and to embed sexual health under the NYC DOE wellness policy umbrella. CDC DASH funding has also supported OSWP to strengthen their health education scope and sequence (currently in development) to include skills and content areas related to sexual health. In addition, as mentioned earlier, a pacing guide was developed that makes recommendations on the sequencing of sexual health lessons. OSWP has also created a district-level wellness advisory council, which includes a broad array of community partners, including students, to help guide recommendations and provide direction for their policy efforts.

Strategy 05.

Collecting Data and Making Data-informed Decisions.

Over the last few years, OSWP has been strengthening and expanding its school health surveillance data collection, as well as more intentionally reviewing the data they do collect. They also have been able to collect new qualitative data through school site visits, feedback from professional development events, and discussions at other health education meetings. These reviews have helped them to assess for, and prioritize, sexual health education needs, monitor how sexual health education is being delivered, and increase their understanding of how sexual health education is impacting students.

Next Steps

OSWP staff are developing a school leader's guide to quality health education that focuses on best instructional and environmental practices. The guide will support schools in taking steps towards providing exemplary health education. OSWP will continue to work closely with the focus schools as they continue along the path to become a model Health Ed School.

Model Health Ed Schools will have:

- A designated health education teacher who will teach sexual health for at least two consecutive years
- A principal who will support their Health teachers in completing a customized series of trainings called the Health Education Professional Learning Pathway
- An active School Wellness Council

References and Resources

1. For more information on the NYCDOE, see: http://schools.nyc.gov/AboutUs/default.html
2. NYC Public Schools at a Glance: https://data.nysed.gov/profile.php?instid=7889678368
3. Sexual Health Education in Middle and High School: http://schools.nyc.gov/NR/rdonlyres/E8BEF0FA-1165-47A3-852D-618E2E0744A4/0/WQRGSexualHealthMSHS20160907.pdf

Student Impact

I can get tested by myself??

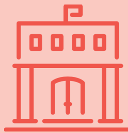
In one of the focus schools, students were offered an opportunity to get tested for sexually transmitted infections (STI) through their school-based health clinic after learning about STIs during health class. Students who tested positive were also able to get treatment. Many students were surprised to learn that they could get tested for STIs without parental consent, as well as obtain other reproductive and sexual health services like pelvic exams and contraception.

It works in real life.

Several teachers talked about the positive effect professional development trainings had on their use of pedagogical methods (e.g., skill practice activities, assessing for learning during class, using inclusive language) and how using these methods made noticeable improvements in student participation in their classrooms. Teachers talked about students feeling less embarrassed to ask questions (both in class and privately with the teacher), asking more critical questions, and sharing examples of how they have been successful at applying what they are learning in health class to their lives in real time.

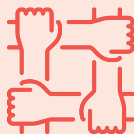
The Upshot

In New York City schools, OSWP has improved sexual health education by taking these key actions:



Informing and supporting principals so that they understand the benefits of sexual health education and so they support teachers in receiving professional development (i.e., allowing teachers to attend training, budgeting for substitute teachers), and participate in their school wellness council when possible.

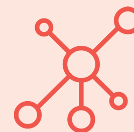
Assembling a pool of go-to community partners who can provide specific professional development training, as well as serve as guest speakers in classrooms without supplanting instruction from teachers.



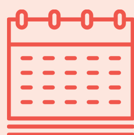
Developing a professional learning community of health education teachers that provides opportunities for support and exchange of resources.

Promoting flexibility and skills to adapt curricula to the needs of students.

Nurturing and encouraging motivated, open-minded teachers who believe in the benefits of teaching sexual health.



Sharing knowledge about the connection of sexual health with other school goals.



Providing ongoing professional learning opportunities.

Providing district-level support for schools to help teachers access professional development and resources.

Healthy Teen Network

July 2018. This case study was funded by CDC DASH cooperative agreement 1308-4175.

Broward County Public Schools

With over 271,500 K-12 students, 234 schools, and 15,000 instructional staff, Broward County Public Schools (BCPS) is the sixth largest school district in the nation and the second largest in the state of Florida. BCPS serves a diverse student population with a student body that is 51.3% White, 40.3% Black, 3.8% Asian, 0.8% Native American or Native Alaskan, 0.2% Native Hawaiian or Pacific Islander, and 3.7% multiracial.[1] A third of students identify as Hispanic.

The Diversity, Prevention and Intervention Department (DPI) at BCPS coordinates sexual health education with funding from CDC DASH. DPI helps the district design,

Key Features of BCPS Family Life and Human Sexuality Policy

Sexual health curricula must be comprehensive, age and developmentally appropriate, medically accurate, evidence-informed, and consistent with the National Sexuality Education Standards.

Sexual health curricula must be inclusive of all students, regardless of age, race, color, disability, gender identity, gender expression and sex or sexual orientation.

Every school must send two staff to the District Train the Trainer event. The two selected are responsible for an in-person training for those implementing the curriculum. This must be done before the teacher can implement the sexual health education; and they must be re-certified by attending training every two years.

adapt, and implement sexual health education through training, customized technical assistance, and teacher coaching. Led by DPI's Sexual Health Coordinator, a team of teachers and district staff selected 21 priority schools to implement and institutionalize sexual health education. Of these priority schools, seven are middle schools (grades 6-8), seven are alternative schools (grades 6-12), two are combination middle and high schools (grades 6-12), and four are traditional high schools (grades 9-12). DPI selected priority schools located in areas with the highest prevalence of HIV and AIDS. They also considered schools that had indicated needs through previous requests for technical assistance on sexual health education.

In February 2018, Healthy Teen Network conducted face-to-face interviews with BCPS high school and middle school teachers, administrators, and DPI staff to learn about how the District has used CDC DASH funding to advance and strengthen their implementation of sexual health education. Below is a summary of what we learned.

What strategies helped BCPS implement high quality sexual health education?

Strategy 01.

Craft a strong, detailed policy.

After reviewing Youth Risk Behavior Surveillance (YRBS) data for Broward County, DPI's Sexual Health Coordinator found that not all high school students reported receiving HIV education in school despite an existing Florida law requiring students receive HIV and AIDS instruction. Although the district had some guidance embedded into a larger policy, it did not spell out recommendations or requirements for curriculum content, professional development, or implementation monitoring. With the support of national and community-based organizations, a youth advisory panel (whose voices were very effective at advocating for sexual health education), teachers, administrators, and School Board committees, DPI was successful at developing a more comprehensive stand-alone sexual education policy. In 2014, the Broward County School Board voted unanimously in favor of this policy.

Strategy 02.

Build Awareness and Support for Sexual Health Education.

Sharing key statistics. Broward County, together with the adjacent communities of Miami and West Palm Beach, ranks

> Once a principal hears about the statistics, they are quick to say, "Please come in!" They get that if a student is pregnant, it's going to be more difficult for her to come to class. They hear about the problems. They genuinely want what's best for the students. We're all on the same page.
>
> DPI STAFF PERSON

number one in the nation with the highest rates of HIV.[2] DPI shares this information widely with administrators, teachers and the wider community to build commitment to sexual health education. According to district staff, these groups are typically shocked to learn about how HIV is affecting their county and sharing these data has motivated them to something about it. The opportunity to implement sexual health education was welcomed at the District and was met with very little, if any, resistance.

Cultivating relationships. Cultivating relationships is a key strategy in building community-wide support for any initiative, and DPI has worked very hard in this area. During early discussions about district policies, DPI "kept showing up" to meetings, sharing information and offering support on policy options. Today, DPI continues to reach out to administrators, teachers, parents, School Board Members, and even the Superintendent, to educate them about the district's sexual health education policy and the need for sexual health education. DPI's message includes an explanation of the link between sexual health education and student's academic performance, attendance, and social emotional skills (that help with many aspects of a student's health and wellbeing), a description of what many called "shocking" state statistics about HIV and AIDS, and an appeal to adults' concern about student's health and desire to do what's best for them. These messages proved effective at mobilizing support for sexual health education.

Building support with principals. DPI staff acknowledges that norms about teaching sexual health are often set by those who have the greatest influence in a school. So DPI communicates regularly with those who have the highest authority in schools—principals. DPI staff meet with principals to discuss how the sexual health curriculum can be integrated into various subjects, how the curriculum builds social-emotional skills, and the link between sexual health education and student academic performance and attendance. Principals and Assistant Principals are invited to observe the facilitation of sexual health education in the classroom, and when they do, they often comment on how engaged students are and how relevant the content is for their students.

Building support with teachers. Two DPI staff have played a key role in gaining support from teachers. They are each assigned to a subset of priority schools to provide training, technical assistance and coaching. They make monthly visits to their assigned schools in addition to email and phone communication. Their regular contact with teachers has allowed them to develop trusted relationships, and as a result, teachers report feeling supported and more confident in teaching the content and using the pedagogical methods in their chosen sexual health education curriculum (described below).

Building support with parents. Parents are informed about sexual health education in writing at the beginning of the school year, during open houses, PTA meetings, parent-teacher conferences, and parent workshops (although attendance at workshops has been low). Very few parents choose to opt out their children and many express their appreciation that the district is providing this information. DPI is available to address concerns and answer questions from parents who opt-out their children. Often times, their decision to opt-out from sexual health education is because of their misunderstanding of the curriculum's objectives. Some believe that the program is going to teach children "how to have sex" and have concerns about "explicit language or diagrams." DPI uses this opportunity to correct misinformation about the curriculum and invites parents to review the lesson plans on DPI's website. Once their misperceptions are addressed, many parents reverse their opt-out decision.

> Little by little, teachers started to relax and get more comfortable. We supported each other. We laughed. At the end of the training a lot of teachers actually said they look forward to teaching the lessons.
>
> BCPS MIDDLE SCHOOL TEACHER

Strategy 03.

Select an Evidence-Informed Curriculum.

Prior to current CDC DASH funding, BCPS had a five-lesson HIV curriculum that was developed by the district. Many teachers considered it to be out-of-date, with didactic learning activities that did not engage students. As a consequence, schools stopped teaching it or stopped teaching it consistently. In 2013, it was clear that DPI had to find another curriculum that would better meet student and teacher needs.

DPI worked with their advisory committee, using the Health Education Curriculum Analysis Tool (HECAT)[3], state standards, and National Sexuality Education Standards[4] to review and assess sexual health curricula, and ultimately selected the FLASH curriculum developed and distributed by Seattle/King County.[5] They also selected this curriculum for the flexibility it offers teachers to present activities in ways that best meet the needs of their students. The team selected ten lessons for high school students and seven for middle school students. The lessons were later customized for Broward teachers and students and scripted for teachers to easily implement. The curriculum is taught in life sciences (middle school) and biology (high school) classes once a week or over consecutive days. The decision to embed the curriculum within biology classes was deliberate, as not all students elect to take a health class during high school. The lessons cover topics such as reproductive anatomy and physiology, birth control, sexually transmitted infections and HIV, gender identity, sexual identity, and healthy relationships.

Teachers have expressed enthusiasm for these lessons, and note that the fact they are scripted has helped them to deliver sensitive information, especially when they find it difficult to find the age-appropriate and correct language to explain a concept. Scripted lessons also help teachers deliver the program consistently each time. The lesson plans clearly specify the content that needs to be explained to students as well as the steps for facilitating and processing learning activities. Teachers also value the curriculum's explicit directions for creating a safe and comfortable learning environment, especially the setting of ground rules.

High school teachers also mentioned their appreciation that the district, with funding from the Broward Regional Health Planning Council, provided them with an "educator kit" to conduct condom demonstrations (including condoms, samples of contraceptive methods, and demonstration models). Teachers are also encouraged to create an anonymous question box. The professional development teachers receive provides them with guidance on how to use the anonymous question box and each lesson contains an activity to encourage its use.

Strategy 04.

Develop and Provide Professional Development.

DPI provides a comprehensive package of hands-on professional development opportunities. All interviewees mentioned DPI's professional development activities as key to their success.

District-wide training. All schools (priority schools and non-priority schools) are required to send two teachers (science teachers or physical education teachers) to a six-hour Training of Trainers (TOT) on sexual health education. DPI provides all of the materials necessary to help these teachers train other teachers at their school. Each training cohort is a mix of teachers from elementary, middle, and high schools. Having teachers from different grade levels at the training has been an

effective strategy for showing how teachers can work together over the course of a student's development stages to teach about sexual health.

The TOT is delivered by DPI staff and is offered twice a month between December-March. The training includes a presentation of local data and district policies, an overview of the curriculum, trainer modeling and teacher practice delivering some of its activities, a review of techniques for answering student questions, and an overview of how sexual health education fits with other CDC DASH funded efforts to improve sexual health services and build safe and supportive environments. If priority school teachers are not able to attend a district-wide training, a DPI staff member will go to their school to conduct the training.

Teacher comfort is a key focus of the training. While the majority of teachers are supportive of sexual health education, many science and physical education teachers have little to no experience in teaching sexual health. At first, some teachers expressed discomfort in talking about topics explored in the curriculum (e.g. using correct anatomical language, explaining gender, sexual orientation and gender identity, and conducting a condom demonstration). The training is designed for participants to receive both peer and trainer support with opportunities for practice. Trainers have been effective at letting teachers know it is OK to make mistakes, and at encouraging their comments and questions.

Strategy 05.

Coach Teachers in Curriculum Delivery.

After teachers attend the District training (described above), DPI staff offer to teach or co-teach one or more lessons. This support has proven to be an effective way to help teachers feel more equipped to teach the curriculum on their own. Through classroom observations, DPI staff provide feedback and coach teachers in facilitating the activities. Teachers welcome being observed and given feedback, especially new teachers and teachers who are new to sexual health education. After modeling and observation, most teachers have the confidence, skill, and knowledge to facilitate the curriculum on their own.

After this intensive time together, DPI staff continue to visit the school once a month. During this time, they can answer teacher questions, problem solve, address parent concerns, assist with planning/scheduling, and provide support in completing reporting documents. They make sure that teachers know that they are always available by phone or email.

Student Impact

Student Disclosures

Teachers talked about the importance of establishing a safe and comfortable place for students to learn. Common ground rules are "everyone is accepted" and "no judging of people who are not like you." Teachers believe that this safe environment opened the door for some students to talk openly about their gender identity and sexual orientation in class. Some teachers shared that students talked with them privately after class about being sexually abused. Teachers were able to report the abuse and connect students to services in school and in the community. Other students spoke to teachers privately about the need for birth control and concerns about having an STI. Teachers were able to help students locate community resources to address those needs.

Student Impact

Student Misperceptions

Teachers heard numerous student misperceptions about sexual health while implementing sexual health lessons (e.g., the belief that one cannot get pregnant while standing up or until after 21 years of age; belief that hitting one's girlfriend is a normal way of resolving conflict; and belief that they are not at risk for STIs). The curriculum allowed for an opportunity to create a safe, non-judgmental space for students to ask questions—questions that they might not otherwise have asked. In turn, an opportunity was created for teachers to hear and correct misinformation.

Developing Empathy

Teachers described several student "transformations" that occurred because of the curriculum's learning activities—transformations that appeared to happen because of the empathy evoked from the learning activities. For example, one student who had bullied another for being gay, realized the hurt he had caused after a lesson on sexual orientation, and apologized to the gay student. Through a role play activity, a student who didn't think hitting his girlfriend was wrong (behavior modeled by his father), understood that there were healthier ways of resolving relationship conflict, and shared with the teacher that he was going to talk with his dad about what he learned in class.

Strategy 06.

Ensure guest speakers are approved by the district.

Teachers are permitted to supplement their instruction with guest speakers or outside agencies, and some choose to do so. All outside speakers are required to gain approval through a superintendent screening process to ensure that their messages are consistent with district policies. The process includes a presentation to district administrators, a health advisory committee, and observations by district staff. Prior to the current CDC DASH project, there was no mechanism in place to ensure that DPI knew which speakers had been approved. The new policy included a formal system to document approved speakers, allowing DPI to advise their schools accordingly.

Strategy 07.

Monitor implementation.

DPI uses a range of strategies to ensure that sexual health education is implemented as planned. They initially work with the school to determine where the curriculum will be placed in the school calendar, and begin reaching out to the teachers prior to implementation to provide reminders and assess needs for support. During implementation, DPI staff periodically conduct observations and encourage school administrators to do the same. These efforts help ensure that the lessons are delivered as planned. They also document delivery by asking teachers to complete an online survey after implementation.

References and Resources

1. For more information about Broward County Public Schools, see: http://bit.ly/2EpFh5J
2. https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2016-vol-28.pdf
3. For more information about the HECAT, see: http://bit.ly/2fqC9I6
4. For more information about the National Sexuality Education Standards, see: http://bit.ly/1eZmEQI
5. FLASH was purchased by ETR Associates after BCPS adopted the curriculum and adapted it. For more information, see: http://bit.ly/2sgEvCq

The Upshot

Broward County Public Schools improved sexual health education by taking these key actions:

Developing and widely sharing a comprehensive district policy on sexual health education.

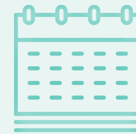
Explaining the links between sexual health education and student academic achievement, attendance, and social emotional skills.

Selecting an evidence-informed curriculum consistent with established health education standards and allowing for instructional flexibility.

Developing and delivering a comprehensive district-wide teacher training.

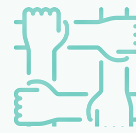
Training multiple staff in each school to help institutionalize sexual health education.

Cultivating and maintaining relationships with School Board Members, administrators, teachers, parents, and community stakeholders such as the health department and other community-based organizations.



Working with each school to schedule sexual health lessons in the school calendar.

Using data (especially about high rates of HIV and AIDS) to create a strong case for the need for sexual health education.



Modeling the implementation of the curriculum, observing and coaching teachers as they begin to implement the curriculum in their classrooms, and providing follow-up support through school visits, phone calls, and email throughout the school year.

Healthy Teen Network

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Oakland Unified School District

Located in Alameda County, California, the Oakland Unified School District (OUSD) serves almost 37,000 K-12 students in 87 schools. Over 2,300 teachers work with a diverse student body that is 41.8% Latinx, 25.4% African American, 14.1% Asian, 11.4% White, 4.0% multiracial, and .5% Native American.[1] OUSD's Health and Wellness Unit within the Department of Community Schools and Student Services coordinates sexual health education (SHE). OUSD identified 20 priority schools to serve with CDC DASH funding, but has been able to support all of its 34 high and middle schools to implement sexual health education.

> I love the curriculum. The activities are similar to what we do in English. For example, when we read the scenarios, there is analysis, discussion and critical thinking. Students have to come to their own conclusions and defend their point of view. This is what we do when we read a novel.
>
> OUSD 9TH GRADE ENGLISH TEACHER

In March 2018, Healthy Teen Network conducted face-to-face interviews with OUSD high school and middle school teachers, health education leaders, and Department of Community Schools and Student Services staff to learn about how the District has used CDC DASH funding to advance and strengthen their implementation of sexual health education.

OUSD's Foundation for Implementing Sexual Health Education

With strong state laws pertaining to sexual health education, OUSD has found it relatively easy to secure support from administrators and teachers for sexual health education. At the start of the project, the California Education Code included a wide range of requirements for sexual health education, including topics that should be covered and instructor training that should be delivered. In 2015, the California Healthy Youth Act was signed into law which updated and strengthened the previous Education Code.[2] This legislation mandates that all California students in grades 7-12 receive comprehensive sexual health education and HIV prevention education. This instruction must be developmentally appropriate, medically accurate, and inclusive of all races, genders, sexual orientations, and ethnic and cultural backgrounds, students with disabilities, and English learners. Instruction must include education on human development and sexuality, pregnancy, contraception, sexually transmitted infections, HIV, healthy relationships that are free from violence and coercion, communication skills, healthy decision-making skills and other topics. In addition, teachers who implement sexual health education must receive training.

Previous Sexual Health Education Experiences. Prior to CDC DASH funding, OUSD schools invited community-based organizations to teach sexual health education to students. Topics and quality varied, and not all students received this education. Some students received an evidence-based curriculum, but it did not cover foundational topics such as anatomy and puberty. OUSD's observations of implementation revealed that the content was not well matched to the developmental stage of the students, and that the content was not implemented consistently—not surprising in light of the lack of training offered to teachers. From this experience, OUSD learned about the need to design developmentally appropriate lessons and support teachers in achieving mastery of the curriculum's content and pedagogical methods.

CDC DASH funding has allowed OUSD to build on previous experiences, enact the requirements of the California Healthy Youth Act, create a standardized, high quality, and evidence-informed curriculum, deliver comprehensive teacher training, and establish a system for institutionalizing sexual health education.

What strategies helped OUSD implement high quality sexual health education?

Strategy 01.

Develop a comprehensive sexual health curriculum for OUSD middle and high school students.

Development of the Curriculum. After reviewing dozens of evidence-based and evidence-informed sexual health curricula, and not finding one that met all the needs of OUSD

students, the Program Manager for SHE and her team decided to develop a customized curricula for middle and high school students called Healthy Oakland Teens. With guidance from OUSD's curricula review team, they used the National Sexuality Education Standards[3], Health Education Curriculum Analysis Tool (HECAT)[4], student focus group data, and discussions with teachers, to develop knowledge and skills-based learning objectives, prioritize content, and design interactive activities for its curriculum.

Ultimately, the team developed five 6th grade lessons, ten 7th grade lessons, and ten 9th grade lessons. The 50-minute scripted lessons build upon each other and are highly interactive. The curriculum covers a comprehensive array of sexual health topics including puberty, reproductive anatomy and physiology, healthy relationships, sexual consent, communication, contraception, prevention of sexually transmitted infections, gender identity, and sexual orientation.

OUSD considers the Healthy Oakland Teens curriculum to be a living document. Throughout the implementation process, teachers have provided feedback to the SHE Program Manager, who has incorporated it into the curriculum. As a result the curriculum has become stronger and teachers feel invested in its implementation.

Finding a Home for the Healthy Oakland Teens Curriculum. Given that most OUSD schools do not have health education classes, the Department of Community Schools and Student Services sought to integrate the curriculum into science classes. The District's Science Department Manager welcomed the idea, but could dedicate only five classes to sexual health for 9th grade. The District then turned to the English Language Arts (ELA) Department Manager for class time. In the end, Healthy Oakland Teens was divided between the two subjects.

The curriculum is offered at both the middle school and high school level. Students in sixth grade receive five lessons in science class, 7th grade students receive ten lessons in science, and 9th grade students receive five lessons in science and five lessons in English class. The topics covered in science are those that lend themselves to science-based discussion such as sexual risk behavior, contraceptive methods, and sexually transmitted infections. The other five lessons reinforce core skills learned in English class such as critical analysis and values clarification (e.g., healthy relationships, legal rights and gender identity).

Teachers like the Healthy Oakland Teens Curriculum. Teachers appreciate the scripted, easy-to-follow instruction, the emphasis on establishing a comfortable and safe learning environment, relative ease in integrating lessons into their existing curriculum, and guidance for using an anonymous question box. OUSD has received very little, if any, resistance from schools or parents. Very few parents have chosen to

Improved student-teacher relationships

Teachers told us repeatedly that their relationships with students play a key role in implementing Healthy Oakland Teens effectively. One teacher said: "Students want to know that they can trust us and that they won't be judged. They want to know you are being real." Teachers like the emphasis that the Healthy Oakland Teens curriculum puts on creating a safe and comfortable environment through the posting of ground rules during each session, the anonymous question box, and tips for dealing with disruptive students. They believe these techniques have helped to strengthen student-teacher relationships. Moreover, teachers share that the quality of student-teacher relationships developed during the facilitation of Healthy Oakland Teens has had an overall positive impact on the classroom and student engagement in general.

> The support we get from [name of Health Education Leader] and the District is great. She responds right away and gives us what we need. I don't think we could do this work without their support.
>
> OUSD HEALTH EDUCATION LEADER

opt-out their children. Rather, teachers, students, parents, and community partners have welcomed the opportunity to implement quality sexual health programming—especially with the support and materials made possible by CDC DASH funding.

Teachers noted a few challenges but have been able to identify ways of overcoming them. For example, some activities can take more than the allotted time especially when there are a lot of student questions. Most teachers we interviewed shared that they use additional class time to complete their five assigned classes. They are willing to do so because of student engagement and interest in the activities. Another challenge is working with newcomer students who are just beginning to learn English. In some schools, there are bilingual teachers who can facilitate the lessons. The student workbook has been translated into Spanish but other language translations are still needed. Some of the curriculum's concepts and reading materials can be dense for students with cognitive or other learning disabilities. In addition, some of the curriculum topics have triggered strong emotions in students with histories of trauma. Special education teachers are working on adapting these aspects of the curriculum for their students.

> **Before we start the curriculum, we will have already taught about other body systems. So it doesn't feel like an interruption when we start talking about reproductive health. It flows.**
>
> **OUSD 6th Grade Science Teacher**

Strategy 02.

Staff high schools with a Health Education Leader.

Each high school is staffed with a Health Education Leader who may be a teacher or student counselor. The Health Education Leader receives a stipend to manage multiple tasks that support the implementation of Healthy Oakland Teens at their school. These tasks include:

- Ensuring that all ten Healthy Oakland Teens lessons are taught to all 9th graders through science and English classes.
- Ensuring that all new English and science teachers receive curriculum training.
- Obtaining from the District and distributing all the materials that teachers will need to implement lessons effectively (i.e., curriculum manual, safer sex kit, and student workbooks).
- Providing technical support to teachers, as well as mentoring to new teachers (e.g., debriefing after lessons, helping teacher with answering questions from the anonymous question box, troubleshooting classroom management issues) when needed.
- Attending two planning meetings at the District to receive updates on the project, review their roles, obtain curriculum materials, and problem solve as needed.
- Explaining to science and English teachers how Healthy Oakland Teens lessons fit with their existing curricula.
- Communicating with the school's Referral Coordinator (e.g., mental health services, sexual and reproductive health services, etc.) and other school service providers, as needed.

> Sex Ed Week creates a buzz. I wear my Sex Ed Week t-shirt and try to get people excited! It's predictable. I think having this dedicated week helps us to better focus on what we need to do.
>
> OUSD HEALTH EDUCATION LEADER

Strategy 03.

Schedule a dedicated time for implementing sexual health education.

Rather than implementing Healthy Oakland Teens lessons throughout the year, OUSD schedules a dedicated time for implementation called "Sex Ed Week." Sex Ed Week usually occurs in February for middle school students and right before Thanksgiving break for high school students.

OUSD reports being able to organize, coordinate, communicate, create excitement about, and manage logistics more effectively when there is a concentrated period of time for curriculum implementation. The SHE Program Manager first focuses on high school implementation. In September, they send a letter signed by the Deputy Superintendent to high school principals about Sex Ed Week. In October, with support from their principals, teachers attend the curriculum training or refresher training—just a few weeks before they will implement the curriculum. The training is still fresh when teachers implement the curriculum the following month. Monitoring activities (described below) are also scheduled and conducted at the same time.

Strategy 04.

Ensure that all teachers assigned to implementing Healthy Oakland Teens receive professional development and curriculum materials.

Curriculum Training. The Program Manager for SHE, along with the consultant curriculum developer and consultant trainer, have developed a comprehensive set of professional development activities for SHE teachers, offering separate trainings for 6th, 7th, and 9th grade teachers. They offer an option to attend a full one-day training or two evening trainings. Teachers who attend the full day training are provided compensation for a substitute teacher, and those choosing to attend in the evening are compensated directly for their time. OUSD has found that the full day training appeals to more experienced teachers who feel comfortable leaving their classroom for a day, while the evening training appeals to newer, younger teachers who prefer the extra compensation.

The training is aimed at building skills, comfort and enthusiasm for teaching about sexual health, as well as reviewing content and facilitation tips. Teachers receive a briefing on the California Healthy Youth Act requirements, a detailed overview of lessons, and guidance on how to create a safe and comfortable learning environment in the classroom. Trainers also model selected curriculum activities (e.g., condom demonstration) and provide opportunities for teacher practice. In addition, trainers have developed and implemented adult versions of some of the curriculum activities to help teachers better empathize with students. Time for discussion and peer-to-peer support related to teachers' comfort is integrated into the training.

The training also aims to build support for sexual health education by sharing findings of student outcomes from pre- and post-data (described below). The data show how student knowledge, attitudes, skills, and comfort in communicating about sexual health topics increase after participating in Healthy Oakland Teens. This presentation has been effective at gaining teacher support—even among teachers who walk into the training with little enthusiasm for the topic.

Refresher Training. A refresher training, informed by teacher feedback collected through an online survey (described below), is also offered each year.

Student Impact

Value added to other subjects.

English teachers talked about how lessons addressing gender, consent, and healthy relationships add richness to their discussions about other reading assignments. For example, one teacher assigned a novel that includes a storyline about a woman being sexually assaulted. The discussions from the Healthy Oakland Teens lessons gave students a more sophisticated ability to analyze the relationship described in the story. Other teachers talked about being inspired by the effectiveness of the interactive teaching methods used in the curriculum and adapting them to use with their subject matter. The guidance on classroom management has helped some teachers improve upon their skills to deal with disruptive student behavior in general.

Student enthusiasm and openness.

Teachers shared that students enthusiastically anticipate Sex Ed Week, get to class on time, are engaged, and are more open during sexual health education classes. They also report increased attendance in their classes during this week, because 'no one wants to miss Sex Ed Week". Several teachers talked about students who came out during class about their gender identity and sexual orientation, and others who are more open in talking about their personal relationships.

Support from the Health Education Leaders. As described above, Health Education Leaders are available at each high school to provide teachers with support in implementing the curriculum, materials, referrals, and monitoring. In some cases, when a teacher has a challenge in teaching a particular lesson, Health Education Leaders have made themselves available to co-teach a lesson.

Support from the SHE Program Manager. The Program Manager of SHE visits teachers to let them know that she is also available for support. She conducts class observations and provides coaching on ways to engage students and deliver lessons with fidelity. She is currently working on developing a more formal rubric to provide feedback to teachers on their performance and training other district staff and partners to conduct observations.

Easily Accessible Resources. All teachers are provided with hard copies and electronic copies of the curriculum and workbooks for each of their students, and a safer sex kit that includes condoms, condom demonstration model, and contraceptive samples. A dedicated webpage has been created where teachers can download the curriculum, PowerPoint slides that accompany some activities, videos, training documents, and other materials. Teachers repeatedly shared how much they appreciate having all materials needed to facilitate the lessons so easily accessible.

Strategy 05.

Monitor Student Outcomes and Implementation.

Student Impact. OUSD implements an anonymous pre- and post-test to assess the impact Healthy Oakland Teens has had on student knowledge, skills, and attitudes. Time for administering the pre- and post-tests is included in the first and last lesson plans. Students complete the survey online using tablets.

Assessment findings have been overwhelmingly positive. For example, in 6th grade, statistically significant gains were found in: 1) all six knowledge items, 2) comfort in talking with adults about sexual orientation, and 3) acceptance of being gay, lesbian, bisexual, or transgender. Examples of statistically significant changes in 7th grade were: 1) increased knowledge about methods to reduce sexually transmitted infections (STIs) and where to get free condoms, 2) increased likelihood of using a condom if sexually active, and 3) increased comfort in talking about multiple sexual health topics. In 9th grade, examples of statistically significant changes were found in almost all knowledge items and level of comfort in discussing multiple sexual health topics. OUSD plans to compare this student data to data from the Youth Risk Behavior Survey and California Healthy Kids Survey[5], a statewide survey that examines the relationship between student health behavior and academic outcomes.

> Some teachers are really nervous to teach about sexual health. One new teacher told me that she has never learned about sexuality and now she is expected to teach it. She didn't know where to start. They worry about how they are going to respond to student questions and how to deal with students who act out or make homophobic remarks. They are not sure how to handle it. Some teachers worry about what they are supposed to say if the students ask them personal questions. The training really helped. I also hold debriefing sessions with them and help them process their feelings and troubleshoot.
>
> OUSD Health Education Leader

Teacher Experience and Curriculum Implementation. In addition to examining the impact on students, OUSD also looks for ways to improve implementation through teacher discussions, an online survey, and lesson observations. Teachers are asked to complete an online survey after Sex Ed Week. The survey asks for their feedback on the curriculum, implementation challenges, and professional development needs. Teachers are provided with a small incentive to complete the survey. The data collected from this survey help to inform the agenda of future refresher trainings. To complement this survey, the Program Manager for SHE visits classrooms to observe teacher facilitation and student engagement. She uses this opportunity to support teachers with their implementation of the curriculum.

Strategy 06.

Nurture relationships.

The SHE program manager places a high priority on relationship building. She communicates regularly with health education leaders, teachers and administrators at middle and high schools, as well as her district-level colleagues. She also leverages her colleagues' relationships with other stakeholders in the District to maintain support for Healthy Oakland Teens implementation.

Establishing a School Health Advisory Council (SHAC) comprised of District-level curriculum specialists, teachers, parents, and community partners has also helped in cultivating relationships and support for Healthy Oakland Teens through SHAC members and their networks. For example, parents have increasingly become more involved with sexual health education by raising money for supplies. Several SHAC members have offered to support the Program Manager for SHE with lesson observations. Staff from OUSD's school-based health centers teach or co-teach the curriculum's lesson about accessing sexual and reproductive health services, and teach youth how to use OUSD's app for identifying youth-friendly clinics. National Sexuality Education Standards.

References and Resources

1. For more information about Oakland Unified School District, see: https://drive.google.com/file/d/18vKVTDbTxKOTlnQGSZmITyiuNI-1Am_R/view
2. CA Healthy Youth Act: https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160AB329
3. National Sexuality Education Standards: http://www.futureofsexed.org/nationalstandards.html
4. Health Education Curriculum Analysis Tool: https://www.cdc.gov/healthyyouth/hecat/
5. For more information about the Healthy California Kids Survey, see: http://chks.wested.org/

The Upshot

Oakland Unified Public Schools improved sexual health education by taking these key actions:

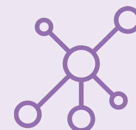
Developing a comprehensive, scripted, easy-to-follow curriculum, student workbook and safer sex kit.

Providing guidance on how to establish a comfortable and safe learning environment, how to develop trusting relationships with students, and how to manage disruptive student behavior.

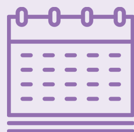
Providing everything the teacher needs to implement the curriculum in hard and electronic copies.

Promoting the California Healthy Youth Act and sharing student outcomes data to build support for Healthy Oakland Teens.

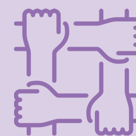
Actively soliciting teacher feedback on the curriculum and incorporating it into the curriculum and teacher training.



Staffing high schools with Health Education Leaders that coordinate logistics, support teachers, and promote curriculum training.



Providing a comprehensive curriculum training and offering it during the day and evening.



Identifying and building relationships on the District level, individual school level, and community through ongoing communication, follow-through on requests, and sharing of resources.

Healthy Teen Network

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