

# Sexual Health Education Instructional Materials Review

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## 2017 Joint Report

5/24/2017



This report contains the joint findings of the Office of Superintendent of Public Instruction (OSPI) and Department of Health (DOH) Sexual Health Education Instructional Materials Review Panel's evaluation of selected instructional materials. OSPI contracted with Relevant Strategies to coordinate the review and develop the report.



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# 1 Executive Summary

## 1.1 Introduction

This report contains the findings of the Office of Superintendent of Public Instruction (OSPI) and Department of Health (DOH) Sexual Health Education Curriculum Review Panel’s assessment of selected sexual health curricula in comparison with Washington State Health and Physical Education K–12 Learning Standards, selected national standards found in the National Health Education Curriculum Analysis Tool (HECAT), the Washington Healthy Youth Act, and the Washington AIDS Omnibus Act.

OSPI and DOH recruited a review panel consisting of health educators and clinical staff to review selected sexual health curricula to measure the degree to which each program aligned to state laws and standards.

Although instructional materials are a key element of effective sexual health education programs, it is important to note that **comprehensive** sexual health education programs are most successful when other factors are included. Those factors include the quality, scope and sequence of instruction over time, skill development and practice, parent/family involvement, supplemental sexual health materials, district and community resources/partnerships, and professional development for educators.

## 1.2 Purpose

The purpose of this report is to evaluate curricula to assess consistency with the Healthy Youth Act and the AIDS Omnibus Act, and to provide information to districts about the comprehensiveness and quality of the material reviewed. This report describes the findings of OSPI/DOH review panel and assists local school districts in determining the adequacy of curricula currently being used or under consideration for use.

The [Healthy Youth Act](#)<sup>1</sup> (HYA) specifies that public schools that provide sexual health education must assure that it is medically and scientifically accurate, age appropriate, appropriate for students regardless of gender, race, disability status, or sexual orientation, and includes information about abstinence and other methods of preventing pregnancy and sexually transmitted diseases (STDs). Abstinence may not be taught to the exclusion of instruction on contraceptives and disease prevention. School districts that choose to offer sexual health education must comply with the HYA.

The HYA requires OSPI and DOH to identify sexual health education curricula in use by schools and to develop a list of sexual health education curricula consistent with the [2005 Guidelines for Sexual Health Information and Disease Prevention](#) (2005 Guidelines). Providing such a list does not require OSPI and DOH to rank or select curricula for districts to use. Districts that provide sexual health education are free to make their own choices involving instructional materials adoption, so long as the materials are consistent with the law. This report will help districts understand the content that

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<sup>1</sup> [RCW 28A.300.475](#)

is covered in each curriculum being reviewed, and where supplementation may be necessary to ensure consistency with the law.

School districts using curricula that were not included in this or previous reviews may use the same set of instruments (see [SHE Instructional Materials Review Forms](#)) to assist them in conducting their own review of materials.

### 1.3 Review Instruments

The 2017 review used newly designed instruments that drew from the Washington state learning standards, state law, and the National Health Education Curriculum Analysis Tool (HECAT) to evaluate curricula.

To determine if a full or supplemental curriculum meets state requirements, the instruments evaluate the degree to which the curriculum is consistent with the 2005 Guidelines and other HYA requirements, the AIDS Omnibus Act, and state law regarding bias-free materials.

The Healthy Youth Act charges OSPI with developing a list of curricula consistent with state requirements, and the Washington Department of Health (DOH) with ensuring the curricula are medically and scientifically accurate. The AIDS Omnibus Act requires that materials address transmission and prevention of HIV/AIDs, starting in grade 5. Washington Administrative Code 392-190-055 requires that the criteria used for instructional materials selection identifies and eliminates bias.

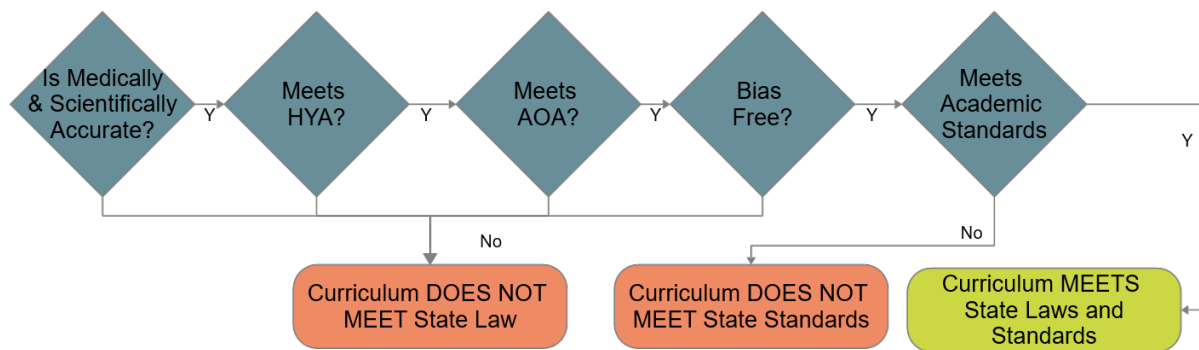


Figure 1. Flowchart showing process used to determine if curriculum meets state laws and standards.

The full curriculum review consists of five instruments, as shown below. The instruments measure how well the curriculum meets academic learning standards (Standard 1, Standards 2-8), if the curriculum is medically and scientifically accurate (Accuracy), consistency with state law and quality of teacher and student supports (Curriculum Design), and overall reviewer rating (Overall Comments). Standard 1 covers grade-level knowledge expectations, and Standards 2-8 cover grade-level skills and practice.

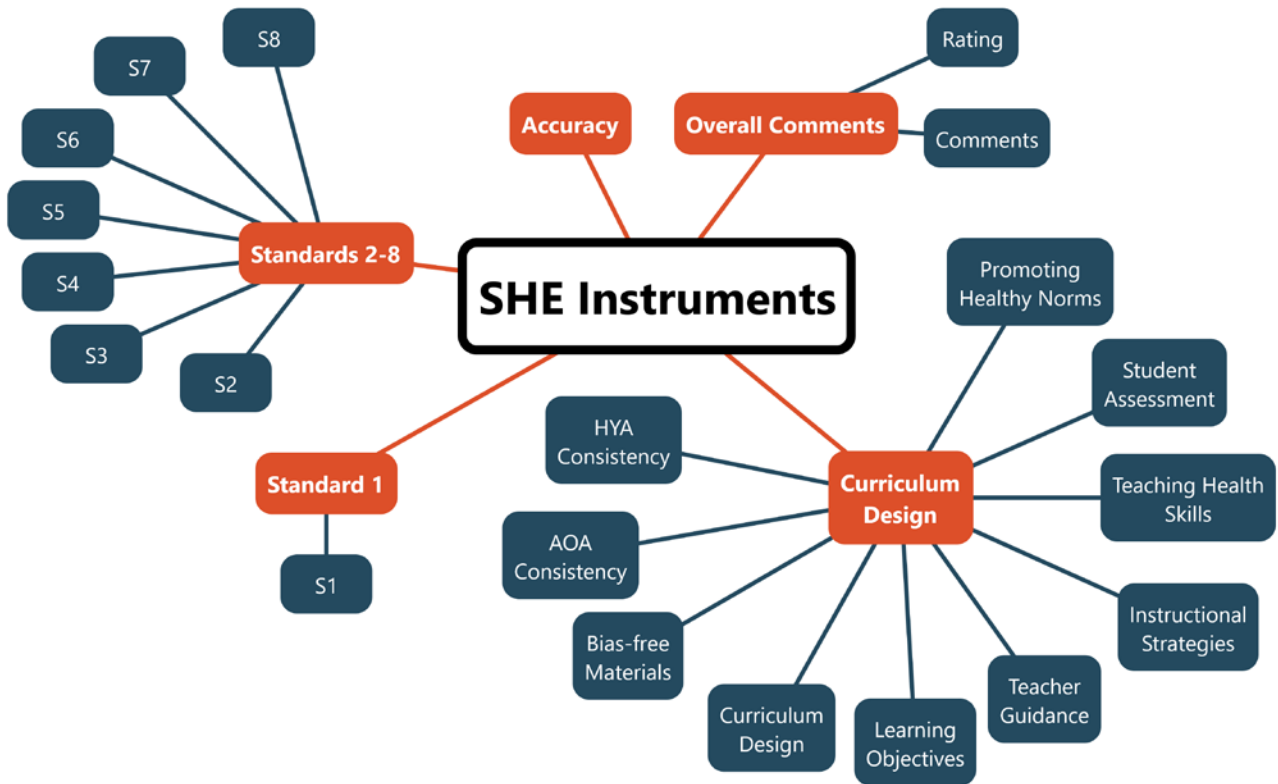


Figure 2. The sexual health education instructional materials review uses five instruments, Standard 1, Standards 2-8, Curriculum Design, Accuracy, and Overall Comments. Each instrument has one or more subscales designed to measure specific aspects of the curriculum.

Supplemental materials enrich core curricula, are typically designed to cover a single topic, and are not intended to be a substantial replacement for a full curriculum. Washington State uses an abbreviated instrument to review supplemental materials.

### 1.4 Findings

A wide variety of instructional materials exists for elementary, middle, and high school sexual health education. Eight full curricula were reviewed. The full curricula reviewed in 2017 were generally rated as high quality. All full curricula met the state requirements for use in Washington State.

Two supplemental products were reviewed, *Understanding HIV* for middle school, and *Don't Take Love Lying Down* for high school. *Understanding HIV* met state requirements for use, but *Don't Take Love Lying Down* did not meet state requirements for use in public schools. See the detailed results in *Section 5 Supplemental Results* for more information.

### 1.5 Other Relevant Considerations

Research on effective sexual health education programs suggests those that focus on skills, attitudes, and beliefs are more likely to affect behavior than those that focus heavily on facts. Use of research-proven programs should be encouraged because they are more likely to result in healthy decisions and healthy outcomes.

According to Douglas Kirby, Ph.D., in *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*, (2007, p. 131) there are several common content elements of effective sexuality education programs.

1. Focused on clear health goals—the prevention of STD/HIV, pregnancy, or both.
2. Focused narrowly on specific types of behavior leading to these health goals (e.g., abstaining from sex or using condoms or other contraceptives), gave clear messages about these types of behavior, and addressed situations that might lead to them and how to avoid them.
3. Addressed sexual psychosocial risk and protective factors that affect sexual behavior (e.g., knowledge, perceived risks, values, attitudes, perceived norms, and self-efficacy) and changed them.
4. Created a safe social environment for young people to participate.
5. Included multiple activities to change each of the targeted risk and protective factors.
6. Employed instructionally sound teaching methods that actively involved participants, that helped them personalize the information, and that were designed to change the targeted risk and protective factors.
7. Employed activities, instructional methods, and behavioral messages that were appropriate to the teens' culture, developmental age, and sexual experience.
8. Covered topics in a logical sequence.

## **2 Review Process**

### **2.1 Overview**

The sexual health education curriculum review process was modeled after other curriculum review projects conducted by OSPI. Educators and clinicians with expertise in health education and sexual health education were recruited to review the submissions through a statewide application process. Twelve reviewers participated in the curriculum review, including one representative from Department of Health who focused on the medical and scientific accuracy assessment and one representative from OSPI who filled in for a selected reviewer unable to participate.

The review panel received training in the process for rating programs based on the Washington state sexual health review instruments. Reviewers spent an average of three to four hours per program or textbook evaluating the material. A minimum of three reviews were completed for each curriculum-grade range combination to allow for a sufficient sample size.

Districts may choose to review material on their own, using the Washington state sexual health [review instruments](#). Materials must be reviewed for medical accuracy in accordance with state laws.

### **2.2 Identification of Programs**

The review included curricula currently used in Washington schools as reported in the 2016 School Health Profiles Survey and those in use or under consideration by the partner districts participating in the 2013–2018 Centers for Disease Control and Prevention Grant for Exemplary Sexual Health Education (ESHE). Publishers were asked to submit texts and other curriculum materials to the HIV and Sexual Health Education program for inclusion in the review. In some cases, the curriculum was acquired directly. Curricula included in the last three reviews that have not been updated substantially or are not in wide use were not included in this review.

Programs selected for review included only those intended for use in a school setting for grades K-12 and available from publishers for school districts. Many programs exist that are intended for use only in community based settings. Because the HYA applies to programs in Washington public schools, the review was limited to those materials. With the resources available, and the timeline to complete the review, not every single program that is available could be included. For locally-developed programs, and others that were not included in the review, districts will be able to use the Washington state sexual health review instruments to assist them in determining alignment with state academic learning standards and laws.

### **2.3 Reviewer Training**

All reviewers participated in a half-day training before reviewing and rating any of the curricula. The training covered the following topics.

- Understanding the purpose of the review and the OSPI/DOH collaboration
- Review instrument development and background
- Using the review instruments

### 3 Data Analysis Approach

The purpose of this section is to describe the survey design, data collection, and analysis approach for the curriculum review.

#### 3.1 Instrument and Data Description

The Washington state sexual health review instruments are described below:

- **Accuracy Analysis** identifies any medical or scientific errors, including errors of omission, which were found in the text. It identifies the degree of difficulty to correct the error, what needs to be done to correct the error (from the perspective of the teacher and school, not the publisher), and identifies whether the error is deemed costly to correct. This instrument has been used for the last two sexual health instructional materials reviews, and is from the Centers for Disease Control’s Health Education Curriculum Analysis Tool (HECAT).
- **Curriculum Design** contains several subscales, and measures consistency with state law (HYA, AOA, bias-free materials) and the instructional supports provided to help the teacher successfully teach using the materials.
- **Standard 1** measures content coverage and has separate versions for grades K-2, 3-5, 6-8 and 9-12. Standard 1 uses Washington state learning outcomes only.
- **Standards 2-8** measures skill expectations and skill practice. Each grade range has different skill examples to ensure age-appropriateness. Standards 2-8 include both Washington state and national learning outcomes. Data analysis was performed using only the Washington state learning outcomes.
- The **Overall Comments** measures the reviewer’s recommendation about the quality of the curriculum. This instrument also has a place for the reviewer to express their overall comments about the curriculum.
- The **Supplemental Evaluation Form** is a short version of the full set of instruments. It measures consistency with the law, subject areas that are covered, and reviewer recommendations.

##### 3.1.1 Accuracy Analysis

The Accuracy Analysis score definitions are shown below. This instrument is used to measure medical and scientific accuracy.

- 4 = No corrections are necessary.
- 3 = A few minor errors or problems are evident, but they are easy to correct.
- 2 = Many minor errors or problems are evident, but they are easy to correct.
- 1 = Major errors and problems are evident, and one would be difficult or costly to correct.
- 0 = Major errors and problems are evident, and more than one would be difficult or costly to correct.



In order to determine a score for accuracy, the reviewers listed errors of fact, omission or bias, and determined if each error would be very difficult, difficult, easy or very easy to correct. For example, many curricula do not contain up-to-date information on the HPV vaccine. This is an example of an error of omission that is easy or very easy to fix.

In contrast, material that is consistently inaccurate, overstates risks, uses outdated research or data, does not use anatomically correct names, or misrepresents other aspects of sexual health would be difficult or costly to correct.

### 3.1.2 Curriculum Design

The ten scales used in the Curriculum Design instrument measure aspects of the overall design and the tools available for successful delivery of the materials in the classroom. This instrument is adapted from the CDC’s HECAT. The scales include:

- HYA Consistency
- AOA Consistency
- Bias-free Materials
- Curriculum Design
- Learning Objectives
- Teacher Guidance and Preparation
- Instructional Strategies and Materials
- Teaching Health Skills
- Student Assessment
- Promoting Healthy Norms

The HECAT provides another scale, Continuity and Uniformity of Comprehensive Health Education Curriculum. OSPI did not use this scale, because the scope of the review related to sexual health education only.

Each scale in the Curriculum Design instrument contains 2 to 5 individual items that can be checked on or off. The data is coded as 1 or 0, respectively.

### 3.1.3 Sexual Health Education Module

The Sexual Health Education Module measures eight content-related standards, using two separate instruments, Standard 1 and Standards 2-8.

Standard 1: Core Concepts	Students will comprehend concepts related to health promotion and disease prevention
Standard 2: Analyzing Influences	Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors.

Standard 3: Accessing Information	Students will demonstrate the ability to access valid information and products and services to enhance health.
Standard 4: Interpersonal Communication	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
Standard 5: Decision-Making	Students will demonstrate the ability to use decision-making skills to enhance health.
Standard 6: Goal-Setting	Students will demonstrate the ability to use goal-setting skills to enhance health.
Standard 7: Self-Management	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
Standard 8: Advocacy	Students will demonstrate the ability to advocate for personal, family, and community health.

Each of the standards in the Sexual Health Education Module utilizes 0, 1, or more checkboxes to indicate the presence or absence of coverage for individual learning objectives. The data is coded as 1 or 0, depending upon whether the checkbox is marked or not.

The Sexual Health Education Module utilizes both Washington state grade-level outcomes and national outcomes. The analysis and results presented in this report use only the Washington state outcomes. Interested users can download the full data set if they wish to perform additional analysis on the national grade-level outcomes.

### 3.1.4 Overall Comments

The Overall Comments instrument measures the opinion of the reviewer regarding the quality of the materials. The three questions evaluate the program and instructional design, curriculum content and learning activities, and an overall evaluation. This scale uses a Likert response of Poor, Low Quality, Satisfactory, High Quality, and Excellent for all three questions.

No analysis was done on the narrative comments provided by the reviewers. Aside from formatting and minor grammatical editing, the comments can be seen along with the individual program results on the OSPI website, [SHE Instructional Materials Review Forms](#).

## 4 Comprehensive Review Results

Eight comprehensive curricula were reviewed in this cycle. The products are shown below.

**Table 1. Comprehensive curricula reviewed during the 2016-17 cycle.**

<b>Publisher</b>	<b>Curriculum Title</b>	<b>Short Title</b>	<b>Grade</b>
Children's Health Market	<i>Great Body Shop</i>	Great Body Shop	Elem (3-5)
PHSKC	<i>FLASH</i>	FLASH MS	MS
PHSKC	<i>FLASH</i>	FLASH HS	HS
Advocates for Youth	<i>Rights, Respect, Responsibility</i>	3Rs Elem	Elem (3-5)
Advocates for Youth	<i>Rights, Respect, Responsibility</i>	3Rs MS	MS
Advocates for Youth	<i>Rights, Respect, Responsibility</i>	3Rs HS	HS
ETR	<i>All4You2!</i>	All4You2!	HS
Health Connected	<i>Teen Talk HS Refresher</i>	Teen Talk	HS

## 4.1 Academic Standards

The following section shows overall results for the comprehensive products reviewed in 2016-17. Additional individual detail for specific products can be seen on the OSPI website.

How well does the curriculum meet state academic standards?

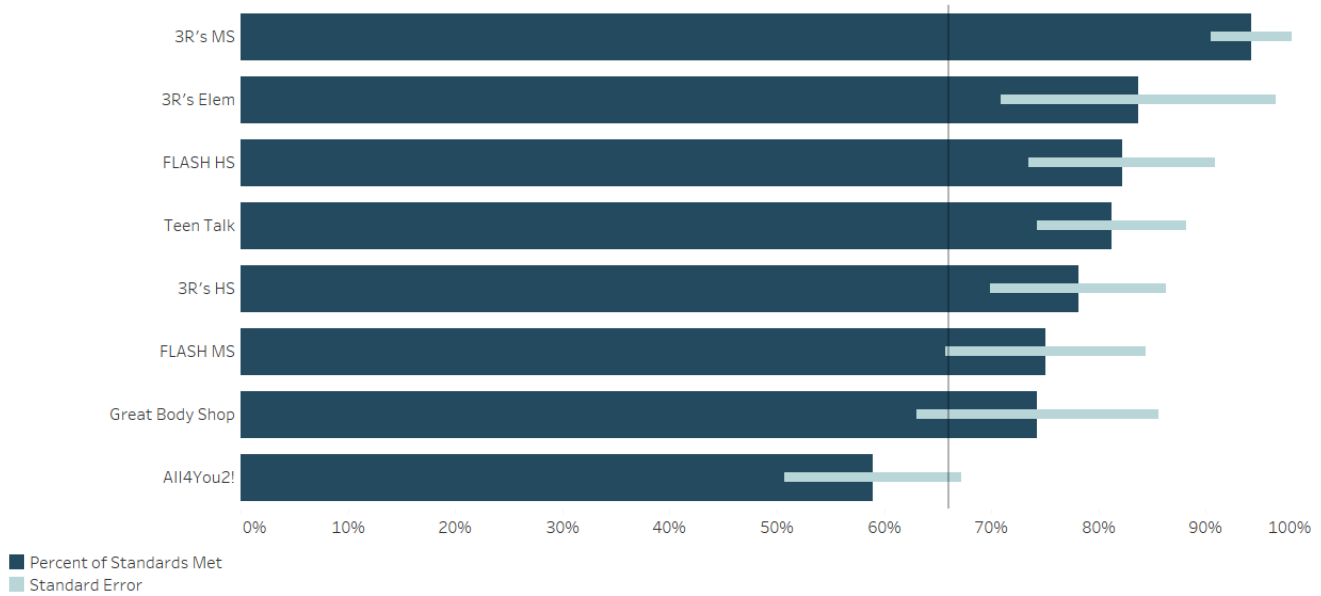


Figure 3. Product comparison for academic rubrics (Standards 1-8).

The following heat map shows the degree of alignment with Washington state academic learning standards and outcomes. Note that not all standards are covered at all grade levels. The blank cells are where no Washington state standards exist for that grade level.

Washington State Standards Met

Grade	Curriculum	S1 Concepts	S2 Analyze Influences	S3 Access Information	S4 Inter-personal Comm	S5 Decision Making	S6 Goal Setting	S7 Practice Health Behaviors	S8 Advocate for Others
EL	3R's Elem	98%	87%		100%			33%	100%
	Great Body Shop	86%	60%		88%			100%	38%
MS	3R's MS	82%	78%	100%	100%	100%	100%	100%	
	FLASH MS	81%	56%	89%	100%	33%	67%	100%	
HS	3R's HS	59%	100%	100%	100%	63%		50%	75%
	All4You2!	50%	38%	42%	100%	50%		58%	75%
	FLASH HS	70%	100%	100%	100%	50%		56%	100%
	Teen Talk	73%	100%	75%	100%	63%		58%	100%

Figure 4. Percent of Washington state academic learning standards met.

This heat map can help teachers understand where supplementation may be needed to address a particular standard. For example, most reviewers felt *3R's Elem* met all state learning outcomes within the standards except standard 7 (practice health enhancing behaviors). A teacher using these products may want to consider supplementation as necessary.

The instruments used in this instructional materials review measured both national and state academic learning outcomes. The data shown above in Figures 1 and 2 does not include national outcomes for standards 2-8.

## 4.2 Curriculum Design

Curriculum Design has multiple subscales. Detailed results for each grade range are shown below.

How well do the materials help teachers teach and students learn?

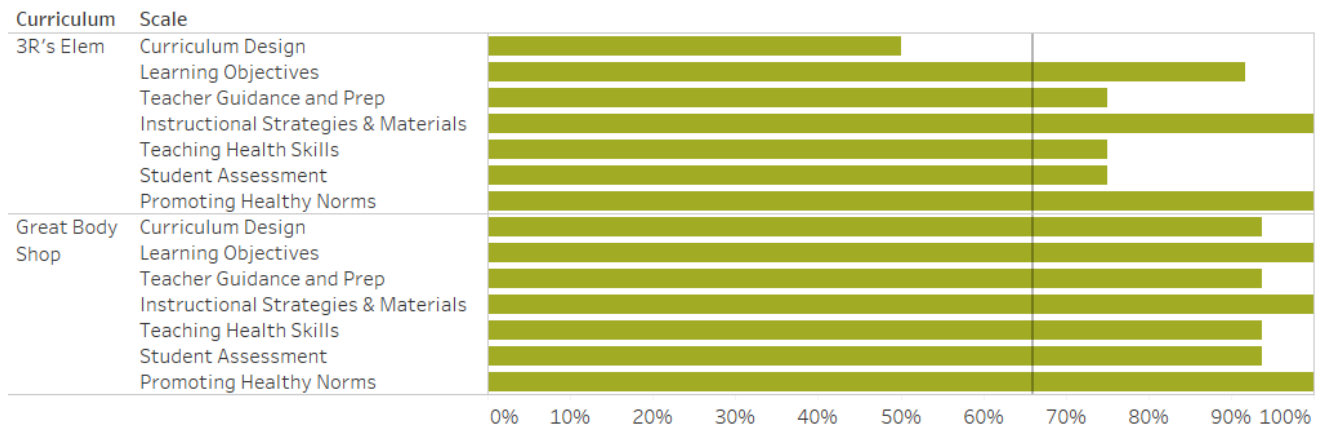


Figure 5. Curriculum Design results for elementary curricula reviewed.

How well do the materials help teachers teach and students learn?

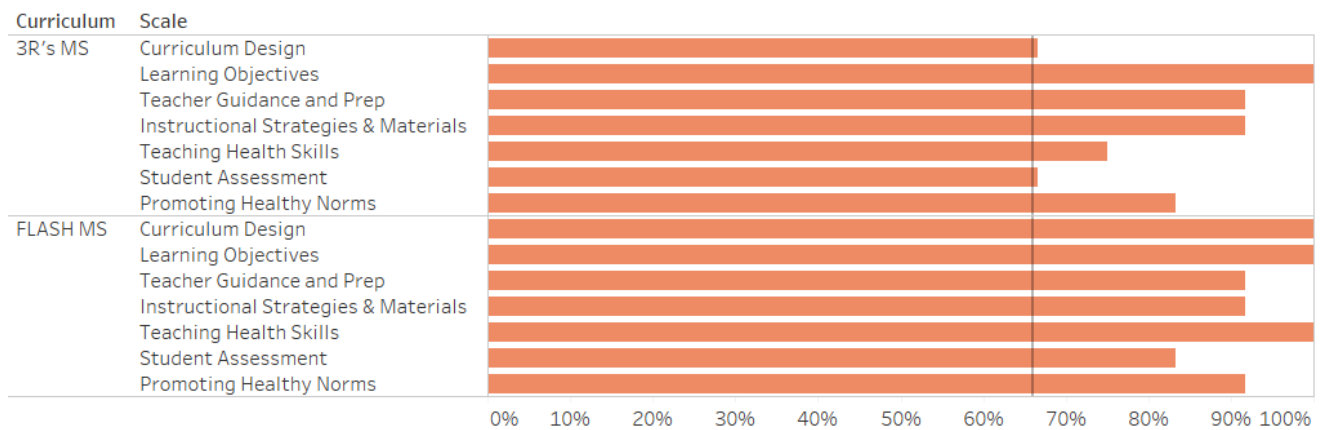


Figure 6. Curriculum Design results for middle school curricula reviewed.

How well do the materials help teachers teach and students learn?

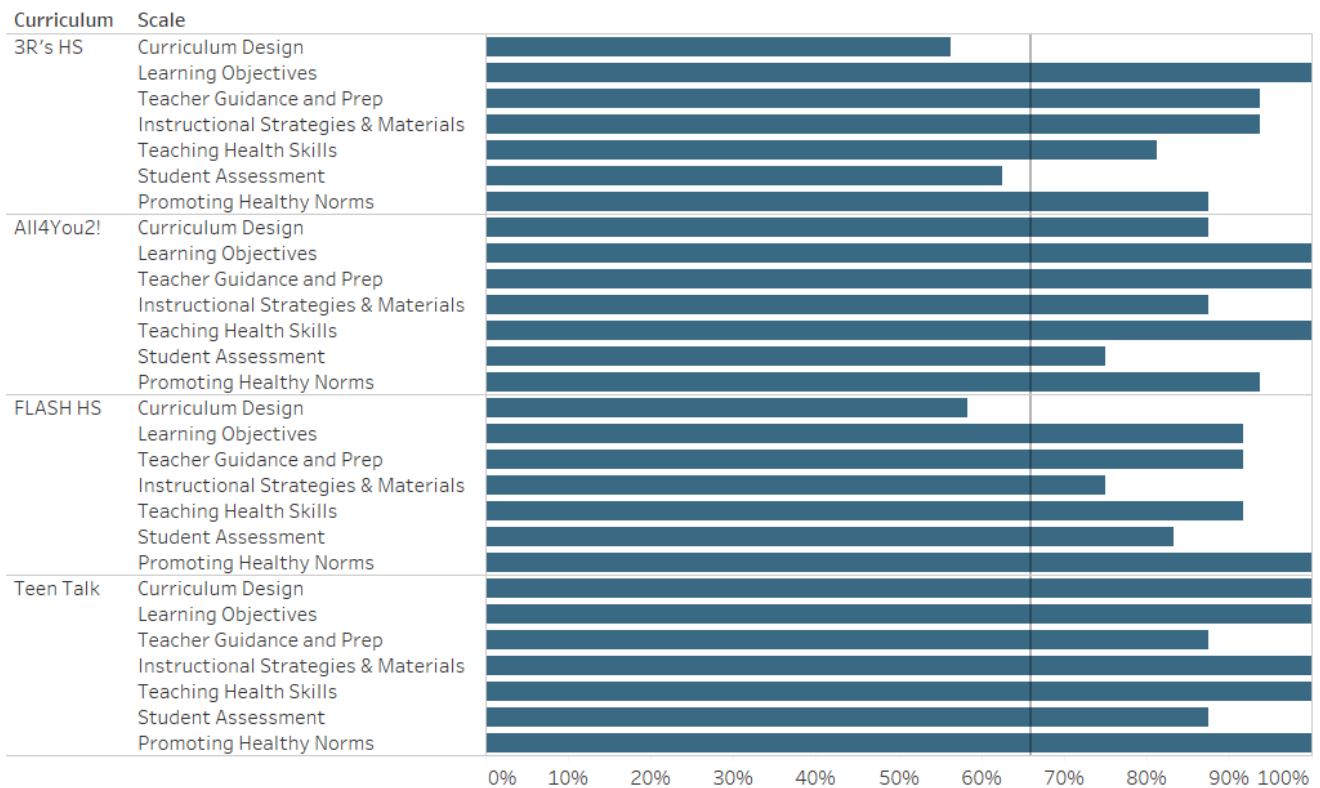


Figure 7. High school results for Curriculum Design.

### 4.3 Medical and Scientific Accuracy

The Accuracy Analysis tool was used by DOH to evaluate medical and scientific accuracy.

All of the full curricula were deemed to be medically and scientifically accurate. A few of the programs received a rating of 3, which indicated that a few minor errors or problems are evident, but they are easy to correct. A rating of 4 indicates that no corrections are necessary.

Are the materials medically and scientifically accurate?

Grade	Curriculum	Score
EL	3R's Elem	3
	Great Body Shop	4
MS	3R's MS	3
	FLASH MS	4
HS	3R's HS	3
	All4You2!	4
	FLASH HS	4
	Teen Talk	3

Figure 8. Medical and scientific accuracy evaluation for full curricula.

#### 4.4 Consistency with State Law

All of the full curricula reviewed met state law regarding the Healthy Youth Act, AIDS Omnibus Act, and the requirement that materials be bias-free, as shown in the chart below.

How well do the materials meet state law?

Grade	Curriculum	Healthy Youth Act	AIDS Omnibus Act	Bias Free Materials
EL	3R's Elem	100%	83%	92%
	Great Body Shop	80%	88%	63%
MS	3R's MS	93%	100%	75%
	FLASH MS	100%	100%	92%
HS	3R's HS	95%	100%	94%
	All4You2!	85%	100%	81%
	FLASH HS	100%	100%	75%
	Teen Talk	95%	63%	88%

Figure 9. Consistency with Washington state law for the Healthy Youth Act, AIDS Omnibus Act, and the requirement that the materials be bias-free.

#### 4.5 Reviewer Opinion

Reviewer opinions were strong for all the full curricula reviewed, as shown in the following chart. No one rated any of the full curricula as low quality or poor.

Reviewer Opinion

3R's Elem	Program & Instructional Design	Satisfactory	Excellent	
	Curriculum Content & Learning Activities	High Quality	Excellent	
	Overall Evaluation	High Quality	Excellent	
Great Body Shop	Program & Instructional Design	Satisfactory	High Quality	Excellent
	Curriculum Content & Learning Activities	Satisfactory	Excellent	
	Overall Evaluation	Satisfactory	Excellent	

Figure 10. Reviewer opinion for elementary-level materials regarding program and instructional design, content and learning activities, and their overall evaluation of the instructional materials.

Reviewer Opinion

3R's MS	Program & Instructional Design	High Quality	Excellent	
	Curriculum Content & Learning Activities	Satisfactory	High Quality	Excellent
	Overall Evaluation	High Quality	Excellent	
FLASH MS	Program & Instructional Design	Excellent		
	Curriculum Content & Learning Activities	Satisfactory	High Quality	Excellent
	Overall Evaluation	High Quality	Excellent	

Figure 11. Reviewer opinion for middle school materials.

Reviewer Opinion

3R's HS	Program & Instructional Design	High Quality	Excellent
	Curriculum Content & Learning Activities	High Quality	Excellent
	Overall Evaluation	High Quality	Excellent
All4You2!	Program & Instructional Design	High Quality	Excellent
	Curriculum Content & Learning Activities	Satisfactory	High Quality
	Overall Evaluation	High Quality	
FLASH HS	Program & Instructional Design	High Quality	Excellent
	Curriculum Content & Learning Activities	High Quality	Excellent
	Overall Evaluation	High Quality	Excellent
Teen Talk	Program & Instructional Design	Satisfactory	High Quality
	Curriculum Content & Learning Activities	High Quality	Excellent
	Overall Evaluation	Satisfactory	High Quality

**Figure 12. Reviewer opinion for high school materials.**



## 5 Supplemental Results

In addition to the comprehensive programs listed above, the 2017 Review Team examined two supplemental materials. The results from their supplemental review are shown below.

Supplemental materials are typically a single unit or topic, and often do not have the range of instructional supports found in a comprehensive curriculum.

Reviewers used an evaluation tool that was based upon the Washington Sexual Health Education curriculum review instruments. It contained abbreviated rubrics for:

- Topical Areas Covered
- Preliminary Curriculum Considerations
- Instructional Materials Fundamentals
- Healthy Behavior Outcomes
- Recommendations and Comments

Table 2. Supplemental products reviewed.

Publisher	Title	Short Title	Grade Level	Number of Reviewers
Redefine Positive	<i>Understanding HIV</i>	Understanding HIV	MS (Grade 6)	13
Henning Productions	<i>Don't Take Love Lying Down</i>	DTLLD	HS	5

### 5.1 Overall Supplemental Results

Understanding HIV received positive ratings for use as supplemental material. It is engaging and appropriate for all students. It meets state requirements for medical and scientific accuracy, being bias-free, and for consistency with state law.

In contrast, *Don't Take Love Lying Down (DTLLD)* failed to receive positive ratings for use as a supplemental product in a public school setting. *DTLLD* is a values-based product which addresses relationships and promotes an abstinence-only message, which is not allowable based on the Healthy Youth Act. Reviewers expressed reservations about both the content and the delivery. Reviewers had concerns about gender-based expectations and messaging for avoiding sexual activity, and values-based claims being presented as facts. *DTLLD* is offered as a book, video, and in-school presentation. All formats cover the same contents. The book and video were reviewed in the 2016-17 review.

## 5.2 Subject Areas Covered

Table 3. Subject areas covered by supplemental product.

Subject Area Covered	<i>Don't Take Love Lying Down</i>	<i>Understanding HIV</i>
Anatomy, Reproduction, and Pregnancy		
Puberty and Development		
Self-Identity (gender stereotypes, gender identity, sexual orientation, etc.)	✓	
Prevention (HIV, STD, pregnancy)		✓
Healthy Relationships	✓	✓
Washington State Laws		

Table 3 shows the subject areas addressed by each of the supplemental products. It is important to note that while this table shows which subject areas are addressed, it does not show how well the subject areas were covered.

## 5.3 Consistency with State Law

The supplemental evaluation instrument used the same scales for Healthy Youth Act and AIDS Omnibus Act consistency as the full curriculum review.

**Healthy Youth Act and AIDS Omnibus Act Compliance**

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**HYA Compliance**

- Materials are medically and scientifically accurate.
- Materials are age-appropriate.
- Materials are appropriate for students regardless of gender, race, disability status, or sexual orientation.
- Includes information about abstinence **and** other methods of preventing unintended pregnancy and sexually transmitted diseases, neither to the exclusion of the other.
- Materials are consistent with the [2005 Guidelines for Sexual Health Information and Disease Prevention](#).

**AOA Compliance**

- Materials address the life-threatening dangers of HIV/AIDS, its transmission, and its prevention.
- Materials include behaviors that place a person at risk of contracting HIV and methods to avoid such risk.

Figure 13. Items used to evaluate consistency with the Healthy Youth Act and the AIDS Omnibus Act.

*Understanding HIV* is focused strongly on HIV/AIDS. All reviewers indicated that it fully addresses the items within the AOA Consistency scale. It received ninety-five percent of the total possible checks in the HYA Consistency Scale.

*DTLLD* is focused on relationships and promotes abstinence only. It is not focused on HIV/AIDS, and thus did not receive any checks from reviewers on the AOA Consistency scale. This is not necessarily a good or bad evaluation, it simply means that *DTLLD* should not be used for meeting the requirements of the AIDS Omnibus Act. Many supplemental programs exist which address a small segment of a comprehensive sexual health education program, and *DTLLD* is an example of one that focuses on a different subject area. *DTLLD* received a very poor rating on HYA Consistency. One reviewer indicated the materials were age appropriate for the intended audience, but all other items in this scale received no checks.

### Compliance with State Law

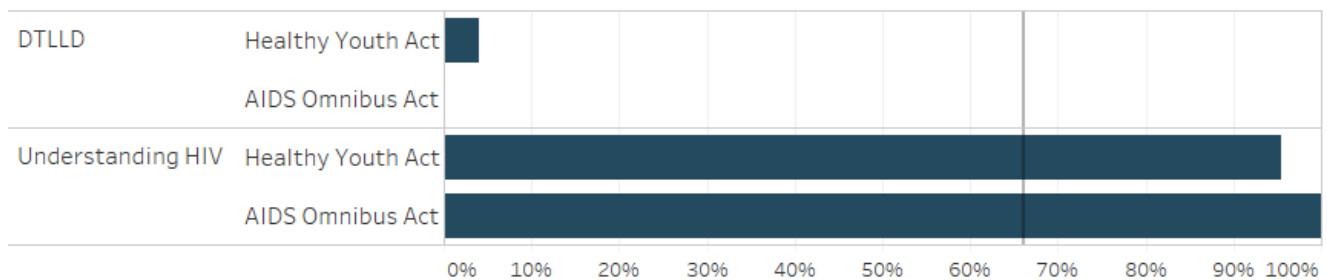


Figure 14. Results for supplemental products for consistency with state law.

## 5.4 Preliminary Considerations

The Preliminary Curriculum Considerations contain two items, Acceptability and Instructional Supports. Respondents selected from a Likert Scale with values of Strongly Disagree, Disagree, Agree or Strongly Agree.

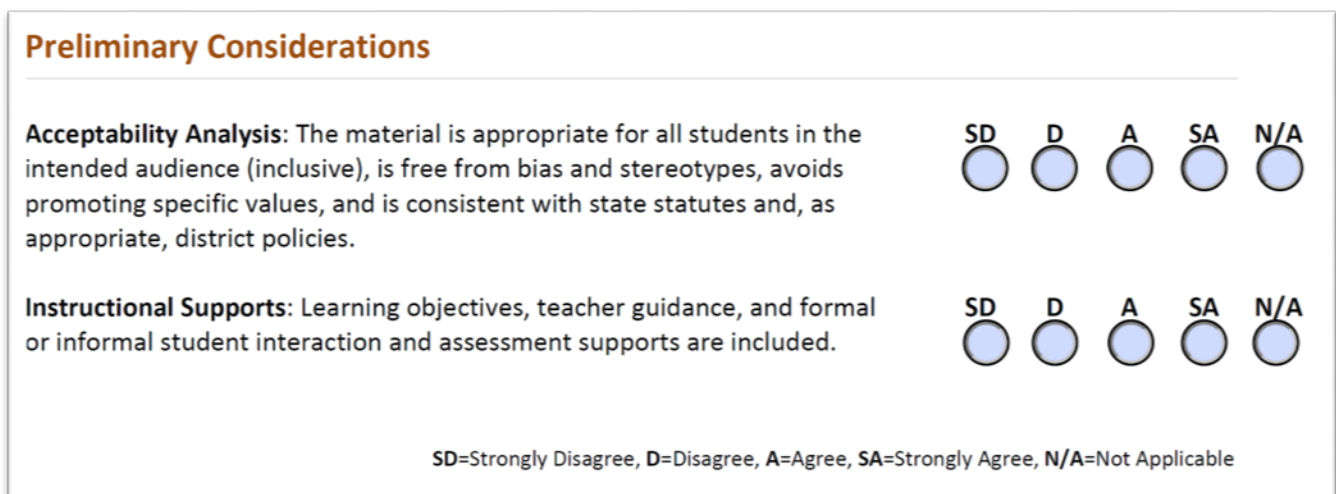


Figure 15. Preliminary considerations scale for supplemental materials.

The chart below shows the percent of respondents who indicated Strongly Disagree, Disagree, Agree, or Strongly Agree.

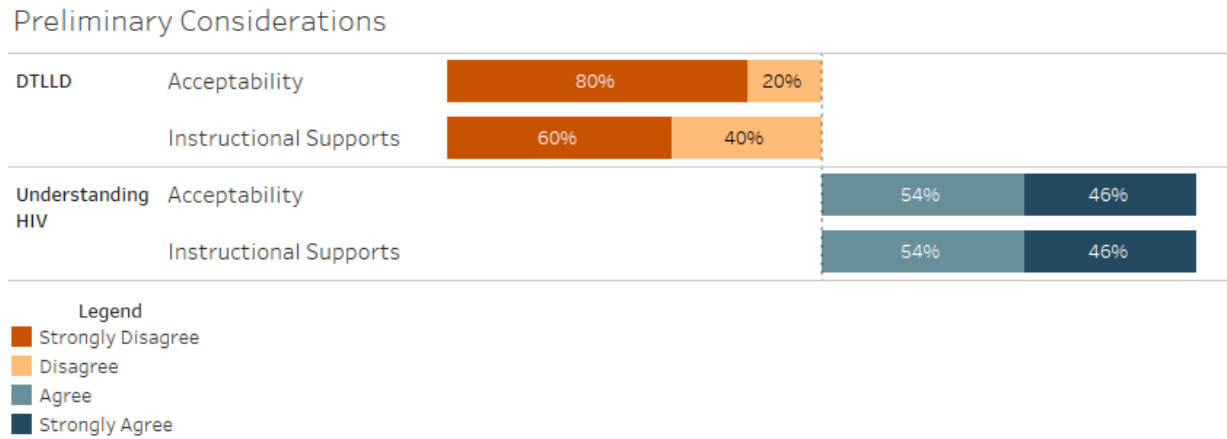


Figure 16. Supplemental results for preliminary curriculum considerations.

For *DTLLD*, eighty percent of respondents strongly disagreed with the statement “the material is appropriate for all students in the intended audience (inclusive), is free from bias and stereotypes, avoids promoting specific values, and is consistent with state statutes.” Twenty percent disagreed.

Fifty-four percent of respondents evaluating Understanding HIV agreed with the statement that “learning objectives, teacher guidance, and formal or informal student interaction and assessment supports are included.” Forty-six percent strongly agreed.

### 5.5 Healthy Behavior Goals

The following healthy behavior goals were addressed in each of the products. Respondents were asked to indicate if the outcome was addressed, relative to the content of the supplemental product.

#### Healthy Behavior Goals Addressed

	DTLLD	Understanding HIV
Communicate effectively	0%	92%
Support others	0%	77%
Talk with a partner about sexual activity	0%	77%
Plan effectively for reproductive health & disease prevention	0%	77%
Seek more information	0%	77%
Treat others with courtesy and respect	0%	69%
Take responsibility for behavior	0%	62%
Recognize and respect values	0%	54%
Express love and intimacy appropriately	0%	46%
Avoid exploitative or manipulative relationships	0%	31%

Figure 17. Percent of reviewers who indicated that the healthy behavior goal was addressed.

Five reviewers evaluated *Don’t Take Love Lying Down*. None of the reviewers felt that *DTLLD* addressed any healthy behavior goal effectively.

Ninety-two percent of the reviewers felt that the healthy behavior goal of communicating effectively was addressed in *Understanding HIV*. Several other goals were identified as being met by at least two-thirds of the respondents, including treating others with courtesy and respect, and talking with a partner about sexual activity, as examples.

### 5.6 Reviewer Recommendations

Reviewers rated the supplemental materials on three items related to their overall opinion of the product.

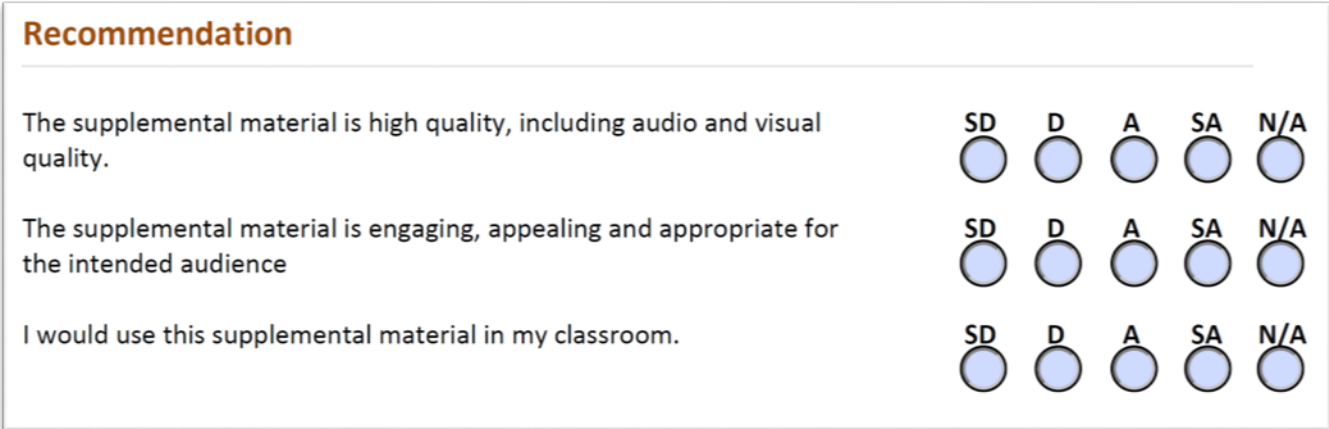
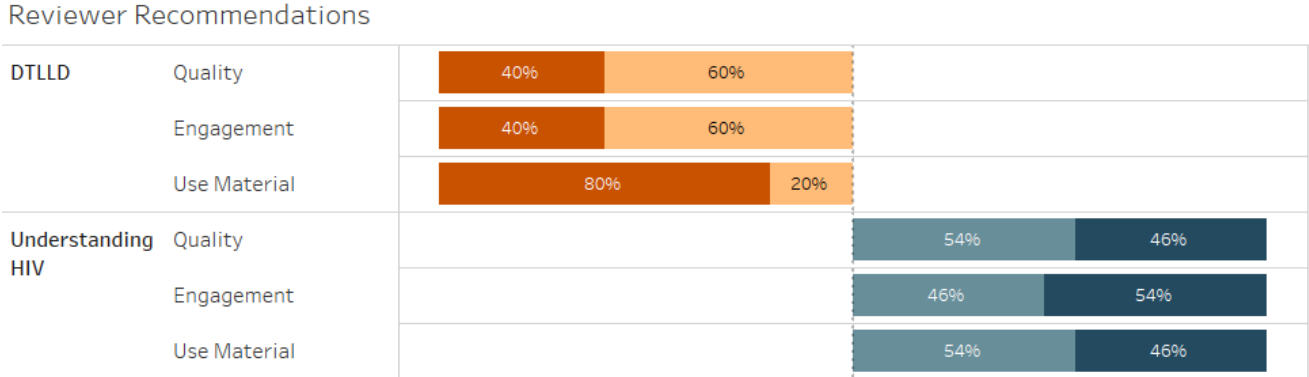


Figure 18. Reviewer recommendation scale for supplemental materials.

The five reviewers who evaluated *DTLLD* either strongly disagreed or disagreed with the three items in the recommendation scale.

All thirteen reviewers of *Understanding HIV* either agreed or strongly agreed with the items in the recommendation scale.



- Legend
- Strongly Disagree
  - Disagree
  - Agree
  - Strongly Agree

Figure 19. Reviewer recommendations for supplemental products.

## **Appendix A. Appendix A: Data Collection and Analysis Methods**

Reviewers used electronic forms to record comments, scores, and evidence. The scores were extracted and transferred to a CSV text file for analysis and data visualization using Trifacta Wrangler, Excel, Tableau, and the statistical package R.

Several tests were conducted, including random validation of scores, to ensure that the data collection process was error-free.

The majority of the data collected using the instruments was binary, where a reviewer indicated the presence or absence of the criteria being evaluated. Two scales used ordinal data. The Reviewer Rating scale used a 5-point Likert scale (Poor, Low Quality, Satisfactory, High Quality, Excellent) to address questions about their overall evaluation of the product. The Accuracy scale used an ordinal scale ranging from 0 to 4 where a score of zero indicated major errors, and a score of 4 indicated that no corrections were necessary.

## Appendix B. Acknowledgements

We are indebted to the volunteers who thoughtfully assisted in conducting the 2016-17 sexual health education curriculum review. Karen Eitreim (North Thurston School District, Director of Languages, Arts, Health & PE, Discipline and AVID), Roz Thompson (Tumwater School District, Supervisor of Curriculum and Instructional Frameworks) and Rhett Nelson (OSPI, Online Learning Program Manager) provided advice and guidance about the review instruments. The panel members endeavored to apply the scoring criteria objectively and with a commitment to providing a quality resource to school districts looking for guidance. They devoted many days out of their busy schedules to do this work. We are grateful for their efforts.

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