



## **PORTLAND PUBLIC SCHOOLS**

### **OFFICE OF STEAM-H-A/PE**

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**Date:** March 09, 2021  
**To:** School Board  
**From:** Dr. Sarah Davis, Senior Director of STEAM/HPE  
Dr. Jenny Withycombe, Program Administrator for Health, PE and APE  
**Subject:** Comprehensive Health Education Policy

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### **BACKGROUND**

Originally presented and approved in 2018 as the Comprehensive Sexuality Education Policy (CSEP) with a statute stating that it would be reviewed every 2 years. Based on current best practices it was recommended that the CSEP be embedded in a larger policy around Comprehensive Health Education.

Portland Public School District (PPS) is committed to creating safe and healthy learning environments to support the growth and development of every student. The development of health literacy, the ability to access, understand, appraise, apply and advocate for health information and services in order to maintain or enhance one's own health and the health of others, is necessary for students to be healthy throughout their lives.

Health education is an integral component of quality school programming. Schools have direct contact with a significant number of Portland's youth for about 6 hours a day and for the critical years of students' social, psychological, physical and intellectual development. As a result, schools play an important role in improving students' health and social outcomes as well as promoting academic success (CDC Healthy Schools). Healthy students are more ready and able to learn and are less likely to experience negative academic impact (e.g. academic failure, lower test scores, truancy, absenteeism) than students who engage in risky health behaviors. According to the CDC, schools cannot achieve their primary mission of education if students are not healthy, and schools can address the health needs of students in part through effective health education. Research supports that school health programs and policies may be one of the most efficient ways to reduce risky behaviors in students, prevent health problems and address the achievement gap. Portland Public Schools believe that in accordance with the National Health Education Standards, "health education should contribute directly to a student's ability to successfully practice behaviors that protect and promote health and avoid or reduce health risks". We also recognize that skills are the foundation of effective health education instruction and that comprehensive school health education assists students in living healthier lives. The policy presented here explains how we, in Portland Public Schools, will create effective health education programming.

### **RELATED POLICIES/BEST PRACTICES**

- 1.80.020-P: Non-discrimination/Anti-Harassment
- 2.10.010-P: Racial Educational Equity Policy
- 3.30.062-AD: Student Wellness through Nutrition and Physical Activity
- 4.30.050-P: Student Suicide Prevention
- 4.30.060-P: Anti-Harassment
- 3.30.021-PS: Tobacco Possession & Use
- 4.30.061-AD: Transgender, Nonbinary and Gender Diverse Students
- 4.30.071-AD: Harassment, Sexual Violence, and Teen Dating Violence
- 4.30.072-AD: Title IX Student to Student Sex-Based Discrimination and Harrassment

## **LEGAL REFERENCES**

### **Comprehensive Health Education (General)**

- OAR 581-022-2000: Diploma Requirements
- OAR 581-022-2030: District Curriculum
- OAR 581-022-2310: Equal Educational Opportunities
- OAR 581-022-2312: All Students Belong
- OAR 581-029-0001: School Safety and Prevention System

### **Wellness**

- ORS 336.472 (SB 79): Cardiopulmonary Resuscitation

### **Mental and Emotional Health**

- OAR 581-022-2060: Comprehensive Guidance and Counseling
- OAR 581-022-2510 (Adi's Act, SB 52): Suicide Prevention
- ORS 339.351-364: Harassment, Bullying, Cyber-bullying, and Intimidation

### **Alcohol, Tobacco and Other Drugs**

- OAR 581-022-2045: Prevention Education in Drugs and Alcohol
- ORS 336.222: Alcohol Tobacco and Other Drugs
- ORS 336.241: Cannabis Abuse Prevention

### **Growth and Development/Violence Prevention**

- Title IX: Title IX of the Education Amendments Act
- OAR 581-022-2050: Human Sexuality Education
- ORS 174.1: Oregon Equality Act
- ORS 336.035: Required Courses of Study
- ORS 336.059 (Erin's Law, SB 856): Child Sexual Abuse Prevention Instruction
- ORS 336.455: Human Sexuality Education, K-12
- ORS 336.465: Examination of Instructional Materials
- ORS 339.366 (Healthy Teens Relationship Act, HB 4077, SB 790): Teen Dating Violence and Domestic Violence

## **ANALYSIS OF SITUATION**

Our goal is to revise the current Comprehensive Sexuality Education Policy to be inclusive of the many laws, mandates, and policies that support Comprehensive Health Education. We propose transitioning from a stand alone CSEP to a Comprehensive Health Education policy which includes a section specific to comprehensive sexuality education. According to Oregon statute, comprehensive sexuality education policies must be reviewed every 2 years which is written into the current policy revision. This shift was presented to the board policy sub-committee who agreed with this approach.

## **FISCAL IMPACT**

All related fiscal impacts are embedded in the current budget. Part of the original policy included a corresponding professional development implication, which is now embedded in the Health and Physical Education budget.

### **COMMUNITY ENGAGEMENT (IF APPLICABLE)**

Through grant dollars from Advocates for Youth, the District involved community organizations and students through several processes. State, county, and community-based organizations focused on youth sexual health and healthy relationships provided guidance and feedback on the draft Comprehensive Sexuality Education Policy in two facilitated meetings. In the first meeting (February 2018), partners were provided with contextual information on the statutory requirements of the policy, and provided comment and direct feedback to the draft policy. In the second meeting (March 2018) partners confirmed the edits, discussed the implications for the administrative directive, and need for professional development systems. PPS students were engaged through the development of the student “Bill of Rights” document. Two listening sessions were held with middle and high school students at the PPS GSA Summit in April. Additionally, an online survey was available for two weeks in April and was distributed through student health center youth action councils, school counselors across the District and marketed during the GSA summit. A total of 90 students participated in the online survey. After online and in-person data collection commenced at the end of April, Planned Parenthood of the Columbia Willamette’s Teen Council was engaged to identify common themes and develop the final statements that make up the “Youth Bill of Rights”.

### **TIMELINE FOR IMPLEMENTATION / EVALUATION**

Completed.

### **BOARD OPTIONS WITH ANALYSIS**

Accept the comprehensive approach articulated in this proposed policy.

Reject and return to a stand alone policy of comprehensive sexuality education.

### **CONNECTION TO BOARD GOALS**

In Board Goals 3 and 4 we see our vision for how students can thrive and experience success related to this Policy. Goal three focuses on the skills and knowledge students should have by the end of middle school. Specifically called out in the Goal is **“a particular focus on students’ socio-emotional development and health”** In Board Goal 4, which focuses on the skills and knowledge we want students to have by graduation it **“identifies those skills and dispositions that we collectively believe every PPS student graduate should possess. We also believe that every student needs to have the core academic knowledge and opportunity of experience that will prepare them for post-secondary success.”** Health Education is a core graduation requirement, but more importantly, it helps students realize aspects of the PPS Graduate Portrait.

In PPS, our vision for our graduates is that they be **Positive, Confident, and Connected** with positive feelings about their personal and cultural identities and a healthy sense of confidence and self-worth. Sense of Self-Cultural sensitivity and inclusivity are a major component of the Health Standards and are core to this policy. Youth of color and LGBTQ+ youth were integral to

the creation of the Student Bill of Rights. Additionally, racial, ethnic, and LGBTQ+ diverse community groups were pivotal to the creation of the original Policy.

**STAFF RECOMMENDATION**

Staff recommends that you approve this policy.

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*As a member of the PPS Executive Leadership Team, I have reviewed this staff report.*

\_\_\_\_\_ *(Initials)*

ATTACHMENTS

- A. Comprehensive Sexuality Education Policy [6.40.013-P](#)
- B. Comprehensive Health Education Policy [6.40.XXX-P](#)