## 6.40.013-P Comprehensive Sexuality Education Policy

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 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 a critical component of education in PPS; one that is necessary to build skills and provide functional knowledge for students to be healthy throughout their lives. PPS also recognizes the role of inclusive and comprehensive sexuality education in promoting health equity, supportinghealthy development, and preventing violence.

Oregon's Human Sexuality Law (ORS 336.455, 2009), the Healthy Teen-Relationship Act (ORS 339.366, 2013), and Child Sexual Abuse Prevention Law-(ORS 336.059, 2015) collectively contribute to the Oregon Department of-Education's (ODE) Human Sexuality AdministrativeRule (OAR-581-022-2050) andhealth education content standards and performance indicators. Under these laws, school districts are required to provide "a comprehensive plan of instruction focusing on human sexualityeducation" which is "complete, balanced, and medicallyaccurate". Alignedto national standards, Oregon's performance indicators areadditionally aimed at preventing sexual violence and promoting student safety. Forexample, the law requires that instruction recognize a diversity of sexualorientations, gender identities, and gender expressions, as well as focus onaffirmative consent. The Oregon health education content standards ensure thatcomprehensive sexuality education teaches students positive attitudes andbehaviors related to healthy relationships and sexuality, by using age-appropriate, and culturally inclusive materials, language, and methods.

The Portland Public Schools Comprehensive Sexuality Education Policy and the Portland Public Schools Comprehensive Sexuality Education Plan were developed by teachers, school administrators, local and state healthdepartments, staff and other professionals from the medical community knowledgeable of the latest scientific information and effective education strategies and in accordance with federal, state, and district laws, policies, health education standards, local and district data sources, and current best practices.

- ORS 336.059/SB 856 (Child Sexual Abuse Prevention Instruction)
- <u>SB 790</u> (Domestic Violence Education)
- ORS 339.366/HB 4077 (Healthy Teens Relationship Act)
- ORS 336.455 (Human Sexuality Education, K-12)
- <u>ORS 339.351-364</u> (Harassment, Bullying, Cyber-bullying and

Intimidation)

- ORS 339.366 Teen Dating Violence and Domestic Violence
- OAR 581-022-2030 (District Curriculum)
- OAR 581-022-2045 (Prevention Education in Drugs and Alcohol)
- OAR 581-022-2050 (Human Sexuality Education)
- OAR 581-022-2060 (Comprehensive Guidance and Counseling)
- OAR 581-022-2310 (Equal Educational Opportunities)
- Title IX of the Educational Amendments Act
- ORS 174-100 (Oregon Equality Act)
- PPS Board Policy 1.80.020-P (Non-Discrimination/Anti-Harassment
- PPS Board Policy 2.10.010-P (Racial Educational Equity Policy)
- PPS Board Policy 4.30.060-P Anti-Harassment
- <u>PPS Administrative Directive 4.30.061-AD</u> (Transgender and GenderNon-Conforming Students)
- <u>PPS Board Policy 4.30.070-P</u> (Teen Dating Violence/Domestic Violence)

Health education is an integral component of quality school programming. Schools havedirect contact with a can contribute to significant improvements in students' lives. Specifically, research shows that effective comprehensive sexualityeducation-leads to a delay in the initiation and frequency of sex, reduces the number of Portland's new partners, and increases the correct use of barrier and contraception-methods. Highly effective sex education and STI prevention education programs:

- Recognize the harm caused to sexual health by racism, homophobia, transphobia and other forms of oppression;
- Offer developmentally- and culturally appropriate sexual health information in a safe and inclusive environment;
- Are developed in cooperation with members of the community, especially a diverse representation of young people;
- Use language and activities that are inclusive of LGBTQ+ students;
- Respect community values and assist youth <u>for to clarify their</u> individual, family, and community values;
- Assist youth in developing skills in identifying healthy boundaries and communicating boundaries, refusal, and negotiation;
- Provide medically accurate information about <u>6 hours a day and for the</u> <u>critical years of students' abstinence and available contraception optionsincluding barrier methods (i.e.dental dams, external and internalcondoms);</u>
- Include clear goals for preventing STIs and/or unplanned pregnancy;
- Focus on specific health behaviors related to the goals, with clear messages about these behaviors;
- Develop-social, psychological, physical and intellectual development. As a result, schools play an important role in improving students' health and emotional learning skills: self awareness, social outcomes as well as promoting academic success (CDC Healthy Schools) awareness, self-management, healthy relationships and decisionmaking;

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 effectivehealth 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 arethe 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.

- <u>PPS requires students in grades</u> Engage families and promote family communication around sexualhealth;
- Rely on participatory teaching methods, are implemented by trained educators and teaches the State and District approved scope and sequence for health education to fidelity.

Beginning the 2018-19 academic year, each school shall provide comprehensive K through -12 be taught Comprehensive Health Education that is medically-accurate, age and developmentally appropriate, culturally and linguistically sustaining, and inclusive, medically accurate and evidence-informed comprehensive sexualityeducation. This curriculum shall be implemented in safe and supportive learning environments where all**ALL** students feel valued. All Portland Public Schools shall take a skills-based approach to teach comprehensive <u>health</u>sexuality education that addresses a variety of topics, such as tobacco, alcohol, and other drug use/abuse, healthy <u>eating/nutrition, mental</u> and unhealthy relationships, consent, abstinence and emotional health, personal health and wellness, physical

<sup>1</sup> Skills-based health education is "an approach to creating or maintaining healthy lifestyles and conditions through the development of knowledge, attitudes, and especially skills, using a variety of learning experiences, with an emphasis on participatory protection methods" (World HealthOrganization, 2003, p. 3).

activity, safety and injury prevention, violence, and HIV/STI prevention, and comprehensive sexual health education that is LGBTQ inclusive.

<u>Comprehensive health education curriculum shall be modified as needed for</u> <u>students with disabilities and students who are English Language Learners. It shall</u> <u>promote healthy lifestyle habits, healthy relationships and health literacy for all</u> <u>students.</u> Health education curriculawill align with the PPS <u>scope and</u> <u>sequence, Comprehensive Sexuality Education Plan (CSEP)</u> which integrates the Oregon Laws and Health Education <del>Content</del> Standards. <u>Qualified and allFederal</u>, <u>State, and District laws and policies. It will be implemented byqualified</u> and trained teachers <u>will implement curricula</u> as outlined in the CSEP.

All schools will follow relevant promotion and graduation requirements that include: comprehensive sexuality education (CSE) annually in gradesK-5, inclusive of HIVeducation starting in grade 4; a minimum of three quarters of health education (inclusive of CSE) in total in grades 6 to 8 taught by a qualified health educator; twosemesters of health education (inclusive of CSE) in total in grades 9 to 12 taught by a certified health teacher. Additionally, all students in grades K-12 **must** receive at least **4**lessons in child sexual abuse prevention (ORS 336.059/SB 856) **each** year. These are the minimum requirements for health education programming, which **must** include comprehensive sexuality education. Inaddition, health education (inclusive of CSE) will be integrated into the Common Core curricula where possible.

The District recognizes the critical role families play in education and will encourage family communication and involvement. Parents shall be notified in advance of any human sexuality or AIDS/HIV instruction. Whenpracticable, any curriculum and/or-materials will be made available for parent preview. Any parent may request that his/her child be excused from that portion of the instructional program under the procedures set forth in ORS 336.035 (2).

## Review of Policy and Comprehensive Sexuality Education Plan (CSEP)CSEP

District will utilize relevant district staff, local, state and national data, emerging best practices, new scientific information, and effective education strategies to review and update the comprehensive sexualityeducation plan (CSEP) of instruction and this policy every two years as prescribed by OAR 581-022-2050.

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

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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

Related Policies:

- 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 Harassment

History: Adopted 6/4/18; Amended 3/2021