SAY Wellness |
Comprehensive Sexuality Education: Survey and Interview Findings

In July 2020, RMC Research collaborated with Portland Public Schools (PPS) to collect general feedback, awareness, and implementation data from teachers, principals, counselors, and district staff on the PPS Comprehensive Sexuality Education Policy, PPS Comprehensive Sexuality Education Implementation Plan, and PPS Student Bill of Rights for Sexuality Education via an online survey (*n* = 24). In November 2020, RMC Research interviewed a subset of survey respondents to gain context around the survey findings (*n* = 11: 3 principals and 8 high school health teachers). This brief presents findings from interviews and select survey items. The Comprehensive Sexuality Education Survey Brief[1] contains detailed instrumentation, data collection, analyses, and findings of the survey data and is available upon request.

FAMILIARITY WITH PPS SEXUALITY EDUCATION DOCUMENTS

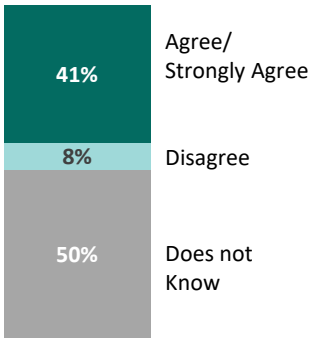
While over 50% of the online survey respondents reported being moderately or extremely familiar with the PPS Comprehensive Sexuality Education Policy, PPS Comprehensive Sexuality Education Implementation Plan, and PPS Student Bill of Rights for Sexuality Education documents, the follow-up interviews revealed that many participants were less familiar with the documents than was reported via the online survey. Most interviewees reported being **vaguely familiar** with the documents, meaning they knew where they were located and had seen them before, but did not access them on a regular basis (*n* = 8). Two interviewees reported being **very familiar** with the documents, including one who kept hard copies of the documents in their classroom and posted the PPS Student Bill of Rights for Sexuality Education in their classroom.

Additionally, one interviewee reported not knowing where the documents were, while another noted that after conferring with three other health teachers, none of them knew where to access the documents. Despite the wide range of interviewees' familiarity with the documents, they all agreed on their importance and expressed appreciation for the work that went into creating them.

[1]Qureshi, C. & Lewis, C. (2020). SAY Wellness Comprehensive Sexuality Education Survey Brief. RMC Research Corporation.

QUALITY OF LEARNING ENVIRONMENT FOR STUDENTS

The learning environment is a place in which all students feel valued.



Half of survey respondents reported not knowing if all students feel valued in their learning environment, while 41% agreed and 8% disagreed. Interviewees were asked: (a) their thoughts on these findings, (b) what their schools are doing to make students feel safe, and (c) what strategies they would like to employ to improve in this area. Overall, interviewees echoed that while they discuss this topic and implement some strategies to ensure students feel valued and safe, it is hard to gauge how successful they are, and they would like to implement additional strategies. Also, participants said factors such as overarching school climate (n = 2) and student-to-student interactions (n = 3) contribute to students feeling safe, but are somewhat out of the interviewees' control.

Strategies discussed to ensure students feel safe and valued included:

- **Planning intentionally among staff**—Six interviewees reported having intentional conversations between staff around best practices, inclusivity, trauma-informed practices, and other strategies that could be implemented to make students feel safe. However, they noted these conversations often happen within a subset of their school's staff as opposed to building-wide conversations, which can lead to inconsistent messaging to students. Two teachers noted they would like to see more intentional cross-collaboration in their schools, as oftentimes when they learn of something other teachers are doing in their classrooms it is through word of mouth.
- **Creating safe classroom environments**—Four teachers reported creating safe classroom environments by setting up class norms, spending time discussing gender and racial equity, ensuring lesson plans are inclusive of diverse experiences, using pronouns, and calling out students when they use disrespectful language in class.

> *I try to make my subject material as diverse as possible, making sure that, you know, we're talking about different kinds of relationships and LGBTQ individuals and bringing in perspectives from lots of different areas in hopes that it is a more inclusive classroom.*

- **Collecting, harnessing, and using student voice**—Strategies pertaining to student voice also were reported, either as approaches interviewees were already using (n = 4) or as an area for improvement (n = 2). Interviewees who reported currently collecting student feedback shared a variety of methods, including speaking informally with students, gathering anonymous surveys at the end of each unit, having group chats with students in class, inviting students to speak at staff meetings, and using the district- or building-wide surveys such as the Healthy Teens Survey. Two teachers shared a desire for their schools to do better in this area: One felt students should be included in staff meetings, and another noted that even though their study body has done a good job of

communicating their needs to the school through a formal list of demands, those demands have not been addressed in a systematic or consistent way. Additionally, this teacher noted that in order to harness student voice appropriately, the students should be acknowledged for the work they do to help improve the climate of the classroom and school through being paid hourly wages.

- **Employing a diverse staff**—While one teacher noted that the diverse staff at their school helps all students feel heard and safe, two teachers reported that the mismatch between their staff (predominantly white) and the students (majority students of color) is a hindrance.
- **Expanding training**—Three interviewees described the need for more training among all teachers, not just health teachers, to ensure that best practices for ensuring students' sense of belonging are being used school-wide and not only in health classes.

> *We can say, like, we're inclusive, but when things are happening that don't connect with that, and when teachers are making subtle remarks or whatever, totally not doing it on purpose, but we send these, like, subliminal messages around race and gender and sexuality all day long. And it's exhausting for our kids.*

- **Receiving district support**—Two teachers reported that although the district conveys the message to schools that they should be addressing topics such as social justice and equity work, there is not enough done to support teachers in implementing approaches that have an impact on how safe students feel in the classroom.

> *We have a [high] proportion of white students, so when I do lessons surrounding identity and privilege and oppression, I know that it's impacting my kids of color more. And so do I not do it, because I could harm them in talking about these things? I would love to have more direction from the district on how to best implement these things.*

- **Receiving support around disability inclusivity**—Two teachers shared they do not feel there is enough support around including students with disabilities into the equity conversation. One shared, "We all think we're doing equity, but we're only talking about race. Nobody's talking about disability…I don't know how to do that."

There were various strategies that were reported as being implemented by just one interviewee each: (a) including a lesson on microaggressions, (b) building rapport with students, (c) offering gender-inclusive bathrooms and allowing students to pick which locker room to use, (d) offering courses on Ethnic Studies, Gender Studies, and Critical Race Studies, (e) holding a school-wide mental health fair, (f) doing anti-bullying work with students, and (g) setting up advocacy groups such as the GSA (Gay Straight Alliance), respectively.

SEXUALITY EDUCATION TOPICS: IMPLEMENTATION AND FAMILIARITY

Overall survey findings showed that the majority of sexuality education topics were implemented consistently across classrooms, or that concerted efforts were being made. There were topics, however, that showed lower implementation than others. For example, a higher percentage of respondents said general sexuality education topics (e.g., puberty and adolescent development; reproductive justice; and anatomy and physiology) and healthy/unhealthy relationships topics (e.g., intimidation, sexting, sextortion, and pornography) either were not taught or were just beginning to be taught in their schools, as compared to personal safety topics (e.g., alcohol/tobacco/drugs, child sexual abuse and prevention) and health education topics (e.g., communication skills, decision-making skills, goal setting), which were taught more frequently.

Interviewees were asked their thoughts on why certain topics seem to be implemented more consistently than others. The reasons for different levels of implementation included:

- **Comfort level of teachers**—Ten of the 11 interviewees shared that low implementation of certain topics pertains to teachers' comfort levels. Three drivers to a low comfort level were sited. **First**, teachers who have a large generational gap with their students are not as familiar with some of the topics facing students today. This makes it difficult for them to relate to - and discuss topics with - their students. **Second**, some teachers avoid discussing certain subjects because they fear triggering students and causing them harm. **Third**, as the topics are constantly changing in the sexuality education landscape, it is not easy for all teachers to constantly evolve and adapt.

> *You know, just from my experience, I think that if we look at the names even, intimidation, sexting, sextortion, and pornography…I think it sometimes comes back to comfort levels of teachers and that fear of what is safe to talk about.*

- **Perceived relevance to students**—Three interviewees reported that often teachers will omit certain topics because they do not feel they are relevant to their students. For example, one interviewee shared that a school with a high population of affluent white students might not delve into reproductive justice because their students are not directly impacted by that issue. Although not expressed by an interviewee, it may be important for the district to provide guidance on which topics would be relevant to specific student populations, so teachers are not making these decisions in isolation or making incorrect assumptions about what is relevant to whom.

> *[teachers] want to fine-tune it based to like their school demographics…and they might not be seeing harassment as a big problem at their school from their point of view, so then they might teach, like, something a little bit smaller, something that kind of overlaps with it.*

- **Traditional versus new topics**—Three interviewees noted that many of the survey topics reported as having lower levels of implementation were topics the district had just

started guiding teachers to implement, and that the district and teachers are still trying to catch up to the needs of the students.

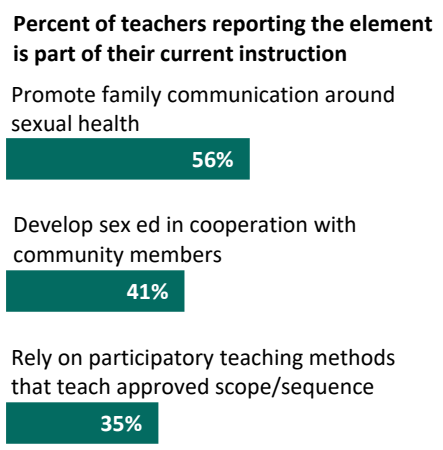
- **Skill-based movement**—Two interviewees shared that the district has been moving toward standards-based curriculum with an emphasis on skill-building, so teachers are prioritizing teaching the skills (e.g., analyzing the influences on health behaviors, self-management, decision making skills) over concepts (e.g., harassment, intimidation, reproductive justice).

Interviewees also noted that overall, because there is more content than can reasonably fit into the time they have to cover it, teachers are often forced to choose some topics over others (*n* = 4). Two teachers noted the curriculum has improved over the last few years and implementation of the general sexuality education and healthy/unhealthy relationships topics have likely increased, despite still being lower than personal safety topics and health education topics.

When principals were asked what drives their familiarity with the different sexuality education topics, they reported four different drivers: (a) communication from the district including chosen curriculum, (b) needs that emerge in their building, (c) professional development they participate in, and (d) community partners that they work with.

> *I think the curriculum pieces of what's required to teach is some familiarity, understanding all the different pieces, and then as issues arise, you know, educating myself, my staff educating themselves figuring out how to respond to it.*

ELEMENTS OF EXISTING SEXUALITY EDUCATION CURRICULUM IN NEED OF SUPPORT



On the survey, when asked whether certain elements of highly effective sexuality education and STI prevention education programs are taught in their classrooms, 82%-100% of teachers reported each element is part of their current instruction with the exception of three: (a) promoting family communication around sexual health, (b) developing sexuality education in cooperation with community members, and (c) relying on participatory teaching methods that teach the State/District approved scope and sequence for health education to fidelity. Interviewees were asked about these three elements to gain more understanding around the survey findings.

Promoting family communication around sexual health

Interviewees confirmed that while notifying parents/guardians of what will be covered in health class is something routinely done, it is not as easy to engage parents/guardians in a way that promotes family communication around sexual health. Six of the eleven interviewees shared family engagement activities they or their school have implemented:

- **Parent night**—Two participants reported having active Health Action Networks that organize parent nights at least once per school year. Parent nights typically cover topics such as suicide prevention, gender identity, sexual assault, and drug and alcohol abuse. Interviewees also shared that attendance at parent nights varies from as few as three attendees to over 200. One interviewee shared that they offer students extra credit if they attend with their parent/guardian and provide a write-up about the topic, which has helped increase turnout.
- **Homework**—Two interviewees said they promote communication at home through projects and homework that encourage students to engage in conversation with their parent/guardian, however, one of the two said the assignments are optional because not all students are able to talk with their parent/guardian about these topics.
- **School webpage or social media**—Two interviewees described relying on their school's webpage and/or social media to keep parents/guardians informed of various resources, in case they would like to delve more deeply into topics related to sexual health.

Interviewees also shared the various **barriers** they face when trying to engage parents around sexual health topics:

- **Parent accessibility**—Five interviewees shared how difficult it is to make meaningful contact with parents/guardians due to: (a) the busy schedules of parents/guardians, (b) not having up-to-date contact information, (c) the overwhelming amount of information parents/guardians are already receiving from the school, and (d) the lack of buy-in about the importance and/or relevance of sexual health topics.

> *So many parents don't think it relates to them. And maybe they don't even know if their child's not out yet. Like, "This isn't relevant to me," but it is.*

> *That's the hard thing with high school-age students, their families are pulled in so many different directions…how do we give folks information throughout the year? I think it's just the challenge of, like, time and energy.*

- **Teacher trepidation**—Three interviewees noted how intimidating it is to pull parents/guardians into conversations around sexual health since it is a potentially dividing subject; they described not wanting to *open a can of worms* and taking the route of *asking for forgiveness, not permission* when it came to notifying parents/guardians of the start of the sexual health units.

- **Time**—Two teachers shared how time consuming it is to effectively reach out and engage parents/guardians, and that they have good intentions at the start of the year but quickly lose the ability to keep up with everything they would like to achieve.

> *I kind of always start the year being, like, I'm going to keep in touch with my parents and tell them what I'm doing, and, like, get them involved; it takes a village. And I feel like I don't ever follow through. I'm not as good at that as I wish I was.*

Developing sexuality education in cooperation with community members

When asked how community members are engaged in the development of sexuality education curriculum, the most common occurrence reported was **bringing community-based organizations** such as Planned Parenthood, Cascade AIDS Project, and Raphael House into the health classrooms as guest speakers (*n* = 7). Schools that have school-based health centers on site also reported inviting the staff at these centers to speak to their health classes. Inviting guest speakers into the classroom is a way for health teachers to ensure that their students are gaining knowledge from a diverse group of educators who have expertise in the topics they are covering. One interviewee noted that most of the **curricula in use were created in part by advocacy groups**, such as the SARC curriculum (developed by Sexual Assault Resource Center), Nest Program for the Right to Healthy Relationships (developed by NEST), and the 3 R's: Rights, Respect, Responsibility (developed by Advocates for Youth). Another interviewee shared that **teachers are able to volunteer to help develop curriculum**; however, there is no vetting process for who ultimately gets chosen, so it is unclear how diverse or experienced the group of teachers are.

> *Having that break and having somebody come in and talk to them on their level about something that is kind of personal and they don't want anybody else to know about, just makes such a difference. When there are opportunities to have the community members come into the classroom, it's a win-win.*

Interviewees also shared the **main barrier** to incorporating community members into the development of sexuality education: **time and resources** (*n* = 7). Bringing in community-based organizations to health classes is predominantly health teacher-driven. If a health teacher has the knowledge, time, and skillset to organize visitors, their classes will benefit from exposure to more diverse and experienced voices. This leads to an inconsistent and inequitable classroom experience across all high school health classes. One interviewee emphasized how it takes good managerial skills to communicate, schedule, and recruit community-based organizations to come to their classroom, and not all health teachers have those skills.

> *I would say the biggest barrier is just time in the day. And figuring out, like, looking it up, contacting, and then making it happen. It's just like, takes a long time to get from A to B.*

Interviewees also provided **suggestions** for how to better incorporate a diverse community into the sexuality education curriculum:

- **Collecting student and parent feedback**—Two interviewees noted the need for more input from students and parents about what is relevant and needed in terms of sexuality education. One of these interviewees described creating an additional lesson on LGBTQ issues, which they provided to their school's Queer Straight Alliance club for feedback. The group took two meetings to go through the lesson and provide feedback, which the teacher found helpful; however, this was a one-off instance and not done on a systematic level.

> *The vast majority of health teachers in Oregon are white women. And in my school, white people are in the minority so I feel like we should get more input from parents…I would love to hear input from Native American parents, like what is spirituality and sexuality look like in your community? What about African American folks? What do you feel like you want in this education? How about LatinX folks? What are you feeling like? How does this relate to you?*

- **Getting more district support**—Two interviewees suggested having a toolbox that comes from the district to support health teachers in arranging community-based organization visits to their classroom. The toolbox would include a list of organizations that have been vetted and/or have an established relationship with the district. Other information that would be helpful to include would be guidelines for how to arrange a visit for those health teachers who are not as savvy in terms of managerial skills.

- **Increasing intentionality around curriculum developers**—One interviewee noted that there is no vetting process for selecting which teachers are involved in creating new curriculum, which can be problematic since not all teachers who volunteer have the experience or diversity that is needed in terms of including community voice.

> *I appreciate that they get teachers to write curriculum, but I feel like the choice of who's doing that should not just be anybody who wants to come. Or they had someone that's like a brand-new teacher, and she was like, 'Oh, I have all these ideas.' I'm like, yes, but you have no experience teaching them yet, so I love your energy and maybe some of your ideas are great, but, like, can you slow down just a bit?*

Relying on participatory teaching methods

On the survey just over half of teachers reported that the following element was part of their current instruction: *Rely on participatory teaching methods that teach the State/District approved scope/sequence for health education to fidelity*. It became clear through the interviews that the wording of the survey item was problematic in that not all teachers were familiar with the term 'participatory teaching methods' and the item implied that it was asking about both teaching methods and teaching to fidelity. All interviewees noted that using participatory methods was a common strategy in health classes, in particular during sexual health units, because there are a variety of activities to choose from that engage students in discourse.

RELEVANCY OF SEXUALITY EDUCATION MATERIALS

On the survey, respondents noted in their open-ended answers that the sexuality education materials lacked relevance. When asked their opinion on the relevance of materials, seven of the 11 interviewees shared that previous curriculum was not relevant, but in recent years relevance has increased with the adoption of SARC, NEST, and 3 R's. Interviewees also noted that they have gotten more district support in the form of supplementary materials and kits that are relevant. In terms of ways in which curriculum could be more relevant, interviewees cited the following:

- **Making it more inclusive**—Four interviewees noted the predominance of hetero-normative language in curriculum (i.e., the majority of scenarios are still male/female). One interviewee also felt that gender fluidity should be included in some way when discussing anatomy and physiology.

> *It's biology but at the same time, like, my nonbinary students sitting in the corner by themselves are going to feel alienated by these conversations. And I think there's ways that we can tie in gender fluidity and different sexualities while also talking about more binary like biological things.*

- **Going into more depth**—Three interviewees felt the curriculum often just scratches the surface of many topics, and that students are ready and willing to delve deeper. The curriculum was described by these interviewees as 'fact-based' and 'dumbed-down'. One of the three felt that boiling down lessons into 'six key points' is representative of a white mentality and is not culturally relevant, as most communities and cultures learn and teach through stories.

> *I don't think they get much out of being, like, all right, you know, HIV: permanent, or, you know, gonorrhea: treatable. I just don't think that does much for them. When they could be doing activities that dive a lot deeper, learn more about the symptoms, signs, like how to take care of it, things like that.*

- **Addressing the racial equity and disability gap**—Three interviewees noted that while the district has made great strides in increasing relevance in terms of gender and sexual orientation, there are still gaps when it comes to racial equity and disabilities.

> *I have students with autism and students with different disabilities that I don't know exactly how to reach and tell what I will be like for them to be dating or to be in the world…I would love to have more teaching surrounding how to implement and talk about these things with so much diversity in my room.*

Two interviewees reported that it is important to be able to spot where the curriculum could be more relevant and make adjustments as needed. One of the two shared how they include phrases to increase relevance. For example, during a condom demonstration they would say, "You might never need to know this, but it's a nice skill to have if you want to teach somebody who needs to know" to increase relevancy for all students. The other interviewee said they are always looking for different videos to bring into the classroom to increase relevance. For example, they shared a video about an Afro-Vegan chef from Oakland who talked about his career and what influenced him. This allowed the teacher to make their nutrition unit relevant to students of color and was a more engaging way to discuss different diet types. This interviewee also noted how quickly the landscape changes and how a video might be relevant this school year but not the next. Because of how time intensive it is to seek and find these videos, it would be helpful if there were more of a collaborative system in place so the district and teachers could support each other.

> *I think that there's only so much curriculum that you can give somebody to help them understand. It's like a teacher can't teach it if they don't know it themselves. I see opportunities in the curriculum to add those things…*

CONSISTENCY OF SEXUALITY EDUCATION EXPERIENCE FOR STUDENTS

In the open-ended questions, survey respondents noted a need for more consistency in three areas across the district:

- All grade levels receiving some form of sexuality education
- Implementing consistent sexuality education across all schools
- Ensuring teachers are properly trained and/or ensuring certified/qualified teachers are put in place to teach the curriculum

Interviewees were asked their thoughts on each of these areas.

All grade levels receiving some form of sexuality education

In terms of **K–8 sexuality education**, six interviewees noted that the amount of previous sexuality education and/or knowledge their students have at the beginning of the year varies quite a bit, with most students having a very limited base of knowledge. Six interviewees also reported that embedding sexuality education in all grades from K–8 is something the district has undertaken only recently, so it is too early to see an impact in the high school students. All interviewees felt that it is important to embed some form of sexuality education in grades K–8, however they also acknowledged two main **challenges** to implementation. The **first** challenge is navigating the various levels of parental comfort. Due to the diversity of families within the district, some families may be comfortable with

> *Elementary teachers thinking that they're going to have to teach this, they're nervous. They don't know how it's going to go. And I think that we're trying to provide a lot of support from Jenny and the TOSAs that are working with those schools. But that doesn't necessarily make you more comfortable doing it, if they're not there doing to for you.*

the topics covered in elementary and middle schools while others are not. The **second** challenge is ensuring elementary teachers are adequately trained and comfortable with incorporating the topics into their curriculum.

In terms of **high school sexuality education**, five interviewees emphasized the need for some kind of sexuality education in all four years of high school, citing two main reasons. **First**, because of the amount of content in the curriculum, being able to spread the content across four years would enable teachers to cover all the topics thoroughly. Interviewees described trying to incorporate sexual assault issues in English classes as a way to fit in content they could not get to during health classes, and how that was difficult since English teachers may not feel equipped to take on these issues. **Second**, because student experiences change as they move through high school, interviewees felt it is important for them to have exposure to sexuality education in each year during high school. For example, it is crucial to begin educating students early (grade 9), before they find themselves in situations where they need to make good decisions. However, it is also important to ensure they have access to this education when they are older and more likely to find themselves in relationships and in contact with drugs and alcohol.

> *I definitely think that students should have health all four years. There is so much to get through, we don't even get through all the standards that Oregon has given us, because there's only one year to finish it. We probably only get through a quarter. And so we have to pick like the most important things. Like, what is going to help my students succeed?*

Ensuring teachers are properly trained, certified, and/or qualified

Thoughts varied widely in terms of the quality of existing professional development (PD) and how teachers can be further supported to ensure they are qualified to teach health classes.

- **Existing PD could be improved**—Seven interviewees reported that although there are many types of PD for health teachers, they are often dry, redundant, and do not go deep enough to really empower teachers. The information in the PD often feels like basic information that they already know and takes time away from discussing topics more deeply, such as how to delve into the topics more deeply with their students.

> *We talk about restorative justice timelines, pronouns, we do the gender unicorn every single time, and it's just like, yes, we got this one. We got that part. Let's go. Let's go to something else, like let's dive a little deeper. Let's start having these actual conversations we're asking our students to have and start like troubleshooting when these kids are going to feel uncomfortable, when they are going to feel comfortable, when they're going to questions.*

- **Attendance to existing PD is low**—Six interviewees noted that although there are many types of PD for health teachers, the turnout is low, and it seems as if the same small group of health teachers attend the PD every time. Interviewees cited overloaded schedules, difficulty of stepping away from their classes, lack of buy-in about the usefulness of the PD on the part of teachers, and a lack of a firm directive from the principal as reasons for low PD attendance turnout.

> *I think principals need to tell their teachers, I think this is the only way that it would happen…they might go with some reluctance, but they'd be there. And I'd like to believe that they're going to at least come back and have some better information to share with their students than getting over the fact that they had to go.*

- **Existing district support is great**—Six interviewees shared appreciation for the strides specific district-level staff have taken in terms of ensuring opportunities for health teachers to improve their pedagogy (i.e., Jenny Withycombe, Lexie Zimbelman, and Liane O'Banion). Interviewees noted how these staff members have provided trainings and increased both teacher and principal understanding of various issues, most notably Title IX. Two of these interviewees noted they have seen the impact of hiring a full-time Title IX coordinator, sharing that their presence has led to more proactive communication and less need for reactionary communication.

> *I just feel really lucky to teach in a district that is valuing this and working to incorporate some things that are really helpful, like the YRBS and getting teachers trained in the RMC model. I feel more supported right now than I have in the past…Jenny and Lexi have been doing a really good job at getting people comfortable with the topic just by offering trainings and offering material for people to use.*

- **Existing PD is great**—Five interviewees reported feeling that the PD they have attended, particularly in recent years, has been positive and worthwhile. One interviewee noted that they "always leave feeling more informed than when going in" while another shared that PD has "gotten so much better since they started in the district" seven years ago.

> *Just this summer, I did a few trainings, and we've already gotten updates on those trainings…that's never happened before. Like, how have you been using the information that you got? And you know, actually thinking about how, oh yeah, I did that training and I was supposed to be applying that to my curriculum. So that's been a lovely thing to see.*

- **Non-health teachers need PD**—Four interviewees noted that because many of these topics spill over into all other classes, non-health teachers would benefit from attending health-related PD. For example, conversations about healthy relationships can come up in social studies or English classes, and many of these teachers are not equipped to discuss such topics. As noted earlier, some schools are attempting to meet district requirements by incorporating sexual assault topics into English class, however many English teachers are not necessarily comfortable with taking on sexual assault in their

classroom discussions. One interviewee acknowledged how many resources it would take to provide sexuality education PD to all teachers, and suggested enlisting the help of community-based organizations to provide workshops for students, or having a building-level health person co-teach with educators on lessons that may have sensitive subject matters.

> *I think at the high school level, like kids are talking to you about their relationships, right?. They're sharing information. And how do we help make sure that the art teacher knows how to talk to a kid about those things in a way that's going to be healthy and productive?*

Implementing consistent sexuality education across all schools

Overall, interviewees felt that when it comes to consistency across all schools, it is important to have a common framework, but one that also allows for adjustments, in order for teachers to ensure relevance to their students. Moreover, respondents generally felt that due to the increased resources and curriculum options, consistency has improved in recent years. In regard to varying implementation of certain sexuality education topics, they said the following factors contribute to a lack of consistency across schools: comfort level of teachers, lack of time to include all topics, perceived irrelevance to their students, and ranging levels of experience in supplementing lessons. They felt that if the district could address these issues with more top-down support, consistency would increase organically.