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# >> Portland Public Schools Comprehensive Sexuality Education Plan of Instruction

## Process Evaluation



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# Executive summary

This report analyzes and evaluates Portland Public Schools' (PPS) response to Oregon Department of Education's (ODE) Human Sexuality Education Administrative Rule (OAR-581-022-2050). The OAR requires school districts to develop a comprehensive plan of instruction for human sexuality education and update it biannually. School districts are to develop the plan of instruction in collaboration with community partners including parents, teachers, youth, school administrators, community-based organizations and local health department staff. The plan should align with the Oregon Health Education Standards and Performance Indicators.

PPS began developing its Comprehensive Sexuality Education Plan in 2017; the school board approved it in July 2018. State, county and community-based organizations focused on youth sexual health and healthy relationships provided guidance and feedback on the development of the PPS Comprehensive Sexuality Education Plan in two facilitated meetings. Meeting results guided development of the PPS Comprehensive Sexuality Education Plan. Concurrently, a separate committee comprised of K–12 teachers developed the scope and sequence for all K–12 health standards; the sexuality education sections of the scope and sequence were attached to the plan of instruction.

## Key recommendations

- District-level administrators would benefit from having in place a well-defined process for developing a plan of instruction and scope and sequence prior to the first meeting. This should include a timeline with specific deadlines, meeting agendas with clear objectives, a facilitation plan, and a communication plan for engaging community partners, teachers, school administrators and parents.
- District-level administrators should provide regular updates to community partners via email (perhaps through a listserv) during the development process. They should continue giving updates after the process ends to maintain collaborative relationships.
- The district should build authentic, collaborative relationships with community-based organizations long before developing the plan of instruction and maintain relationships after the plan's completion.
- Teachers, principals, community partners, parents and youth should participate in all development meetings and collaborate on all components of the plan of instruction, including the scope and sequence.

- Before the process begins, the district should provide teachers with professional development and training on curricula implementation and best practices for developing a scope and sequence.
- The district should secure a consistent facilitator for every plan development and scope and sequence meeting. It would be very helpful for a facilitator to provide guidance throughout the process, re-direct conversations when necessary to increase efficiency, resolve disagreements between stakeholders, and ensure the process is aligned with the overall goals.
- It is important to ensure sufficient time to pair curricula, supplemental resources and examples of lesson plans to the scope and sequence.
- It would be best to develop the scope and sequence over the summer while providing teachers with a stipend for their time.

# Background

## Oregon Department of Education's Human Sexuality Education Administrative Rule

Oregon's Human Sexuality Education Law (ORS 336.455, 2009), the Healthy Teen Relationship Act (ORS 339.366, 2013) and the Child Sexual Abuse Prevention Law (ORS 336.059, 2015) collectively contribute to the Oregon Department of Education's (ODE) Human Sexuality Education Administrative Rule (OAR 581-022-2050) and health education content standards and performance indicators. According to the OAR, every two years school districts are required to provide "a comprehensive plan of instruction focusing on human sexuality education" that is "complete, balanced, and medically accurate." According to the OAR, the plan should be developed collaboratively with "parents, teachers, school administrators, local health department staff, other community representatives and persons from the medical community who are knowledgeable of the latest scientific information and effective education strategies ... in alignment with the Oregon Health Education Standards and Performance Indicators." The Oregon Health Education Standards and Performance Indicators ensure that comprehensive sexuality education (CSE) teaches students positive attitudes and behaviors related to healthy relationships and sexuality by using age-appropriate, and culturally inclusive materials, language and methods.

## Portland Public Schools response to ODE's Administrative Rule

In 2017 Portland Public Schools (PPS) began developing a comprehensive plan of instruction for sexuality education to align the district with OAR-581-022-2050 requirements. Through a one-year grant from Advocates for Youth, PPS engaged community organizations, teachers, school administrators and students in several ways to develop the "Comprehensive Sexuality Education Plan: Portland Public Schools," which the school board approved in July 2018.

State, county and community-based organizations focused on youth sexual health and healthy relationships provided guidance and feedback on the draft “Comprehensive Sexuality Education Plan: Portland Public Schools” in two facilitated meetings. In the first meeting (February 2018), partners received contextual information on the statutory requirements of the plan of instruction and provided comment and direct feedback to the draft plan. In the second meeting (March 2018), partners confirmed the edits and discussed the implications for the administrative directive and the need for professional development systems. Community partners who attended at least one of the planning meetings included representatives from the Oregon Department of Education, the Oregon Office of the Attorney General Sexual Assault Task Force, Oregon Health Authority, Multnomah County Health Department, CARES Northwest, My Future-My Choice, Planned Parenthood of the Columbia Willamette, Portland State University School of Community Health, Roads To Family, Sexual Assault Resource Center, Volunteers of America, Basic Rights Oregon, and Latino Network.

PPS students were engaged through the development of a student bill of rights document. Two listening sessions were held with middle and high school students at the PPS Gay Straight Alliance (GSA) Summit in April 2018. Student health center youth action councils and school counselors across the district distributed and marketed an online survey during the GSA Summit, which was available for two weeks in April. Ninety students participated in the online survey. After online and in-person data collection concluded 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.”

Concurrently, a separate group of 15 K–12 teachers from PPS developed a scope and sequence that covered all K–12 health standards; the sexuality education sections of the scope and sequence were attached to the plan of instruction. The purpose of the scope and sequence is to ensure all Oregon Health Education Standards are covered every year in their respective grade levels. The Oregon Health Education Standards establish, promote and support positive health behaviors for students in grades K–12. The standards provide a framework for teachers, administrators and policy makers in designing and/or selecting curricula, allocating instructional resources and assessing student achievement and progress. The scope and sequence document organizes the performance indicators (used to measure student progress) by grade level to assist teachers in choosing and building curricula and lesson plans.



# Evaluation of the PPS process

## Purpose

The Oregon Health Authority's Injury and Violence Prevention Program (IVPP) is currently in its fourth year of a five-year CDC grant from the State Violence and Injury Prevention Program. The grant focuses on four areas of injury and violence prevention, one of which is sexual violence prevention. As part of grant activities, OHA collaborated with community stakeholders to evaluate the implementation of ODE's Human Sexuality Education Administrative Rule (OAR-581-022-2050). This rule requires school districts to adopt a CSE plan that meets specified requirements, which include recognizing a diversity of sexual orientations, gender identities and gender expressions, and a focus on affirmative consent.

The primary objective of the evaluation was to document PPS's process and procedures for the development and school board approval of their "Comprehensive Sexuality Education Plan: Portland Public Schools." The evaluation identifies challenges community partners and teachers faced in developing the plan and scope and sequence as well as suggestions for addressing the challenges; highlights key stakeholders and how they could be engaged; and suggests strategies for getting buy-in and support from community partners, teachers and parents. This information will help IVPP and ODE determine what strategies, tools and resources could help other school districts successfully move through this process.

The evaluation was designed to answer the following questions:

- What steps did PPS take to develop the "K-12 Comprehensive Sexuality Education Plan: Portland Public Schools"? What steps were taken to get school board approval of the plan? What barriers and challenges did PPS face? How did they overcome them?
- In processes of CSE policy and plan development, how should key stakeholders be identified? What strategies could be used to bring stakeholders to the table?
- What means can a school district use to get support and buy-in from school board members, community partners, teachers and parents?
- What resources or strategies would be helpful to create a communication plan with the school board, community-based organizations, teachers and parents?
- What could PPS have done differently if given more time?

## Methods

This evaluation used semi-structured interviews to identify successes, barriers and challenges and lessons learned from the PPS process of developing a CSE plan of instruction and scope and sequence. Respondents were recruited from a list of 33 stakeholders who had been invited to and/or attended the plan of instruction development meetings as well as a list of teachers in the scope and sequence development group.

The evaluator conducted 21 key informant interviews and received written responses from two respondents who were unavailable for interviews for a total of 23 respondents. Interviews were conducted in person and over the phone seven to eight months after the final development meetings and averaged 25 minutes in length. Interviews were recorded with respondents' permission and transcribed. A single evaluator using Dedoose software conducted the analyses. Initially, transcripts were coded using an open-coding process to discern emergent themes. A second round of coding focused and grouped the initial themes by their relevance to the evaluation questions. These focused codes included successes, challenges, barriers, lessons learned, facilitation, and the steps taken to develop the plan of instruction and scope and sequence.

## Respondents

The 23 respondents who informed the evaluation were divided into two groups: 16 participants from the plan of instruction development process group and seven teachers from the scope and sequence development group. From the plan of instruction development group, the majority of respondents attended at least one of two plan of instruction development meetings and many attended more than one; two did not attend any meetings; and one respondent was the meeting facilitator. Among the plan of instruction development group, respondents represented Planned Parenthood of the Columbia Willamette, CARES NW, Sexual Assault Resource Center (SARC), Roads To Family, Portland State University School of Community Health, Volunteers of America, Raphael House, Latino Network and Native American Youth and Family Center (NAYA). Additionally, some respondents were from state and county-level agencies such as the Oregon Department of Education (ODE), Oregon Office of the Attorney General Sexual Assault Task Force, Oregon Health Authority and Multnomah County Health Department. Finally, the lead facilitator, Liz Thorne of Matchstick Consulting, and one middle school principal were also included in this sample.

For the scope and sequence group, all respondents (n=7) had attended at least seven of the nine development meetings. The respondents from the scope and sequence development group include elementary, middle and high school teachers, one teacher from a community-based organization that teaches high school health online to PPS students, one substitute teacher, and Jess Lawrence of Cairn Guidance, who facilitated the first meeting.

# Findings

The findings presented here are themes identified during analysis of the interview transcriptions. Themes represent the views of multiple individuals and quotes were included where appropriate to allow respondents' voices to describe the theme. Quotes provided here are good examples of the themes but are not exhaustive. Opinions or thoughts expressed by one or two individuals are minor themes, as indicated in the description, and are included throughout the discussion below.

## Plan of instruction development

### Facilitation

Many respondents felt the plan of instruction development group meetings were very productive and efficiently run. As one respondent mentioned, there was little downtime spent “just admiring problems.” Instead, she felt like everyone immediately got to work to write the plan. Many stated, as a testament to strong facilitation, that the group developed and approved the plan within the allotted time. Some noted their appreciation that community partners were given time in the first meeting to get to know each other before beginning their review of the draft plan. A few respondents also acknowledged that having funding to hire an outside facilitator, compensate substitute teachers and provide food in the meetings was very valuable to the process.

“ I think that Liz [Matchstick Consulting] is a fantastic facilitator and is really great at creating space for people to give input in lots of different ways. I definitely felt like there was space for me and others to speak up in meetings and share what was feeling true for us.”

—Community Partner Respondent

Most respondents, including the few who were not able to attend some or all of the meetings, appreciated that the facilitator sent frequent email updates throughout the process, including distributing agendas before each meeting and following up with a summary of each meeting. Respondents noted that the facilitator also provided avenues for respondents to provide feedback on the plan of instruction via email or phone when they were unable to attend a meeting. Additionally, considering the short timeframe, most respondents felt they had adequate opportunity to provide feedback in the meetings. They appreciated the facilitator's interest in their comments and noted that she incorporated the comments into the plan of instruction when possible.

“ I think there was also a strong sense of trust that what was being brought to us was well thought through, was PPS and Portland relevant, and that we were genuinely being asked what we thought about the various things as opposed to sometimes people bring you something that is already crafted and they’re not really interested in hearing what you have to say. And that was absolutely not the case here; not only were they highly interested in hearing the input, but they then incorporated it. ”

–Community Partner Respondent

However, other respondents felt the conversation was derailed at times by differing approaches to reaching the primary goals as well as potential conflicts of organizational scope among community partners. Some community partners were noted as taking up more space than others and steered conversations back to their organizations’ agenda that, at times, made it difficult to stay on track. Most of the respondents who mentioned this also acknowledged that it was probably a normal, natural occurrence in processes like this and had several suggestions to help curb this from happening in the future including displaying the “take space, make space” ground rule at the front of the room and explaining explicitly that the plan of instruction cannot realistically cover all aspects that community-based organizations note.

## Writing the plan of instruction

Many respondents liked having a pre-written draft plan of instruction to respond to at the first meeting because they knew it would have taken much more time if they started from scratch. Among the respondents that mentioned this, all trusted the facilitator’s expertise and ability to find strong sample plans of instruction that could be adapted to the needs of Portland Public Schools.

Nearly every respondent loved that the draft plan was blown up on giant sheets of poster paper for participants’ response. The plan posters were a favorite for many reasons: The activity fostered collaboration, prompted new conversations among the small groups within the meetings, and offered a space to provide feedback and comments without

“ I think the one thing that we ran into that was difficult was everybody was trying to advocate for their own area that they’re passionate about and I found [...] they really dominated the meetings. ”

–Community Partner Respondent

“ I think [starting with a draft plan] is able then to really capitalize on who’s at the table for the limited amount of time you have them, as opposed to saying here’s your blank slate, now let’s spend the next 20 weeks dealing with this. ”

–Community Partner Respondent

necessitating fully formed thoughts. Respondents enjoyed the opportunity to respond directly to each other on the posters and found it valuable that other groups’ input generated new ideas among their own. Additionally, several respondents appreciated that their feedback was thoughtfully considered, and their comments were often incorporated into the final plan of instruction. This genuine interest in the community partners’ feedback helped foster a sense of trust between some community partners and Portland Public Schools.

## Collaborative experience

Many respondents appreciated the collaborative nature of the plan development meetings and some were impressed by the number of contributing community-based organizations. Several respondents noted they were glad to be brought into the process at the start and felt there was an intentionality to the process and a commitment to creating a comprehensive sexual health plan of instruction that was representative of all Portland Public Schools. As one respondent noted: “I think it was really collaborative, really mindful of getting input from so many stakeholders.” Most respondents valued the diverse perspectives represented in the room and understood that the various experts’ feedback acted to strengthen the final plan of instruction. Stakeholders participating in the plan development represented expertise

“ ...how we wrote directly on those sheets was great because if you had a half-formed thought you could still write it up there. It didn’t have to be beautifully drafted language, so that was really great. ”

–Community Partner Respondent

“ I liked that they requested feedback from everybody and that they had total involvement from everybody, everybody seemed to contribute, everybody had a little bit different area of expertise and I thought it was a great collection of the best people within the Portland Metro Area. ”

–Community Partner Respondent

in various topic areas including child abuse prevention, sexual violence prevention and sexual health education. The process also included representatives from culturally specific organizations, the Multnomah County Health Department and state-level organizations such as the Oregon Health Authority, Oregon Department of Education and the Oregon Office of the Attorney General Sexual Assault Task Force.

## Identifying stakeholders and getting buy-in

Nearly all the respondents had a working relationship with Jenny Withycombe (the health teacher on special assignment or TOSA at PPS) and/or Portland Public Schools prior to joining this process. Many of the participating community-based organizations had partnered with PPS on the Adolescents and Communities Together (ACT) grant. The Oregon Department of Education suggested other organizations. As mentioned above, respondents noted their appreciation of the diverse areas of expertise and perspectives represented throughout the process, but these comments were often followed by the names of several organizations and communities missing from the process.

While many respondents felt community-based organizations were well-represented in the meetings, several others noted key absences of culturally specific organizations and communities. They especially noted those that, in their opinion, PPS has historically underserved including representatives from African American/Black, Russian, Vietnamese, Southeast Asian, Eastern European, Somali, Ethiopian, Chinese and Pacific Islander communities. Organizations who were specifically noted as missing were Self Enhancement, Inc. (SEI), Immigrant and Refugee Community Organization (IRCO), Impact NW, Native American Youth and Family Center (NAYA), Asian Pacific American Network of Oregon (APANO), and an organization representing students with disabilities.

Some of these organizations had been invited via email and either did not have the capacity to attend meetings or did not respond to the invitation. Others were not invited. Given more time, the facilitator noted she would have preferred to personally reach out to these organizations to build relationships and determine the best process for their participation. However, time constraints prohibited that level of relationship building. Several respondents emphasized the importance of building these relationships over time, to make sure they are authentic and mutually beneficial.

## Suggestions to improve the process for developing the plan of instruction

Both the facilitator and community partners identified several ways the plan development process and the final plan of instruction could have been improved. The most common suggestions included building professional development and training opportunities for teachers into the plan; building stronger long-term relationships with community partners; and making sure teachers, school administrators and education experts work alongside community partners for development of both the plan of instruction and the scope and sequence.



“ I think the other thing that would have been really great is if we could have really fleshed out what professional development looked like, the system of how community partners were involved ... I think that it would have been really great to have been able to flesh that out because I think that’s sort of happening now and not in an organized way; it’s just sort of happening.

—Community Partner Respondent

## Teacher support in the final plan of instruction

Many respondents felt the plan of instruction could be more effective by including a plan for teachers’ professional development and an outline for continued engagement with community-based organizations. Many respondents were quite concerned about mandating the sexual health plan of instruction without providing explicit support for teachers and school staff. Similarly, some respondents would have liked to see the sexual health plan include explicit guidelines for partnering with community-based organizations. They noted that without adequate resources, schools lean on community-based organizations to help provide curriculum implementation and training. Respondents said providing a process in which teachers and school administrators could engage with community partners would be an additional way to support teachers in implementing the new plan. Further, some respondents would have preferred the plan to include curricula for teachers to use, including (but not limited to) full curricula adoption (requiring the entire district use the same approved curricula), best-practice curriculum recommendations, and/or supplemental resources addressing the standards that were not covered in the “primary” curriculum recommendation.

## Better engagement of stakeholders

The most common critiques of the plan of instruction development process concerned who was included. Most notably, respondents really wanted to see teachers, school administrators and education experts working alongside community-based organizations at each step of the plan of instruction and the scope and sequence development processes. Many respondents felt there was a disconnect between teachers and community partners, which led to lack of trust or understanding in one another’s expertise. This seemed to contribute to misunderstandings about what was “realistic” for the plan of instruction, leaving many respondents concerned about the final product. However, respondents appreciated the chance to discuss their concerns with each other (community partners with teachers and vice-versa) to come to a better understanding of each other’s perspectives. They expressed the importance of having this kind of collaboration throughout the entire process.

“ I just really can’t say enough about the importance of connecting with parents. I don’t think policies can be implemented without parent support and I think they saw that late when they faced some hurdles when it came to parent engagement and parent opt out and those sorts of things because parents can really be allies more than anything in this work. I think they’re more frequently seen as opposition or they’re seen as they’re definitely going to have an issue with this rather than, no, 90% of parents do support this work. The more I do this work, the more I realize that parents are one of the most important things. ”

–Community Partner Respondent

Many respondents also identified gaps in the backgrounds of individuals represented within the planning meetings. Many respondents noted that the process could have benefitted from the intentional inclusion of people of color, representatives of students with disabilities, people who identify with the LGBTQ community and with various gender identities (other than cis women). Youth and parents were also identified as critical stakeholders that several respondents would have liked to see represented in the meetings.

A few respondents mentioned limiting the number of people who represent the same sexual health topic areas. This could mean only inviting one person from each organization or making sure each organization in attendance only represents one aspect of youth sexual health. Some respondents felt that a few topic areas were overrepresented, thus making their voices appear loudest in the room and enabling them to control the dialogue and take up a lot of meeting time.

Additionally, some of the respondents from community-based organizations unable to attend meetings suggested engaging them in the process by asking specific questions about their area of expertise. These direct and relevant asks would have minimized the time commitment necessary to participate in the process and could have allowed greater engagement.

## Meeting facilitation

Some respondents stated they would have benefitted from “pre-meeting briefings” with agendas that provide clear objectives for the day and relevant information (like the draft plan). Some respondents noted they would have appreciated the extra time to gather their thoughts and compile feedback in a way that felt meaningful and complete for them.



A few respondents expressed the need for laying out ground rules at the start of the process and then holding everyone accountable to them. The rule that seemed most relevant to this suggestion is “take space/make space” as respondents explained the difficulty they felt in redirecting the conversation away from the few respondents with the loudest voices.

As expected, nearly every respondent mentioned the need for more time and more meetings. The most common reasons cited were to facilitate building long-term relationships with community partners; to allow enough time for more meetings so that each individual meeting could be shortened; to engage parents, youth and culturally specific organizations in small community meetings; to implement an online component to gather more public feedback; and to allow teachers to take fewer sub days (days out of the classroom that required a substitute teacher), or, at the very least, not take so many sub days in the span of a few months.

## Communication

Most community partner respondents expressed dissatisfaction with the lack of communication from PPS after the school board approved the plan of instruction. Many wanted updates on the implementation, curriculum, teachers’ response to the new plan of instruction, unforeseen consequences and possible improvements to the plan. Furthermore, respondents were aware that, according to the administrative rules, the plan should be revisited and updated in 2020. Accordingly, they noted how helpful it would be to receive continuous updates instead of being asked to come back to the table to improve the plan without the necessary information and feedback. Community partner respondents also explained that if they were made aware of implementation challenges, they could reach out to teachers and/or schools to offer training or curriculum support.

Ongoing communication would also help build and maintain long-term relationships between schools and community partners. Respondents explained that these well-established relationships would not only facilitate more support for those teaching health and sexuality education but would also help create more buy-in from community partners. Community-based organizations prefer collaborative relationships with continued engagement instead of only communicating with PPS when the district needs their input.

Similarly, a few respondents noted the importance of having one person accountable for the plan of instruction; this would also ensure one point of contact. The respondents who expressed this added the caveat that they know the TOSA is well over capacity; however, they felt the only way for the plan to truly be successful is to have someone with the time to nurture partnerships with community-based organizations.

# Scope and sequence development

## Facilitation

All respondents noted their appreciation for having facilitators in the meetings. However, they also made clear that, while facilitation was considered a key component of a successful process, the facilitators were not readily available to all groups throughout the process. Specifically, respondents from the group developing the high school scope and sequence explained that having a facilitator at the first meeting was great, but the lack of guidance at the following meetings made the process much more difficult. Further, the respondent from the elementary group noted that the facilitation they had in every meeting was very helpful. Despite this inconsistency in facilitation among the groups, all but one respondent felt the meetings were a productive and efficient way to develop a scope and sequence. Additionally, the respondents from both the middle school and elementary groups stated that their meetings were well-organized; this view was not shared by those in the high school group, which may have been due to the absence of a facilitator. As discussed further in the “Suggestions to improve the scope and sequence process” section, guidance from an experienced facilitator throughout the entire process was very important to respondents.

## Collaborative experience

Many respondents appreciated that this process gave them the opportunity to work alongside their colleagues from other schools. Some respondents noted they valued the input of many of the teachers in the group who had a lot of expertise in teaching health. One respondent expressed concern that the high school process relied too heavily on the “loudest voice in the room” and not group consensus. Another respondent voiced concern that not enough teachers were interested in joining the group so there were some participants that perhaps should not have been included (i.e., substitute teachers); two other respondents felt strongly that every school in the district should have had a teacher in the group to support implementation.

“

I think having Jess [Cairn Guidance] there that first day was awesome, and I was really hopeful after that first day. I wish somebody like her or somebody who has been around and doing this work could have stayed around with us. It felt very much after that we were on our own and nobody knew exactly how to go about so we just chose a way to do it but, again, it didn't feel very good in my eyes.

”

—Teacher from Scope and Sequence Group

Every respondent enjoyed working with the facilitators. Those respondents in groups that did not have consistent facilitation noted that they would have appreciated collaborating in every meeting with a facilitator who had a strong understanding of best practices. All respondents appreciated having community partners engaged in the process and would have liked to collaborate with them throughout the entire process instead of just at one meeting. Community partners were seen as valuable assets due to their knowledge of best practices and ability to share resources and curricula with teachers. Additionally, one respondent explained that an ongoing relationship with community-based organizations would be helpful because of their ability to educate the broader community around the importance of sexual health education.

“ I felt like [community partners] were definitely wanting to be there and willing to share resources that they had on how schools and organizations could coordinate. A lot I think was they were able to do more things within communities we deal with, but sometimes it's hard with schools ... those organizations had more outreach so that when the topics of sex ed and others came up [we could] enlist some of those organizations because there's a lot of communities, for various reasons and most of them were religious, that didn't want their kids involved with this. So I think [we should try] to reach out through those organizations. ”

—Community Partner Respondent

## Administrator support

Most respondents felt they had limited support from their immediate (building) administrators. They felt their administrators did not understand what they were doing or the importance of developing a scope and sequence for health, and that administrators only demonstrated their support of the process by approving the nine sub days classroom teachers had to take to be in the scope and sequence development group. Only one respondent noted their administrator's full support, which was demonstrated by the administrator participating in some of the meetings. Nearly all the respondents felt their principals should have been a part of the process both to understand how and why a scope and sequence was being developed and to see how much work goes into creating one. Respondents also felt unsupported at the district level in a number of ways including lack of training or professional development prior to creating the scope and sequence; lack of clear process before asking teachers to do something they had never done before; lack of support for the

TOSA given the demands of this process; lack of consideration for implementation, demonstrated by high schools declining to adopt the new scope and sequence in the 2018–2019 school year, and middle schools’ struggles to find space in their master schedule for elective classes. Although district-wide administrators’ and principals’ lack of participation was noted, one respondent appreciated that the process was focused on, and led directly by, classroom teachers.

### Suggestions to improve the process for developing the scope and sequence

Respondents from the scope and sequence development group identified several areas for improvement that fell into two categories: professional development and meeting schedule and facilitation.

### Meeting schedule and facilitation

One of the primary complaints from nearly every respondent was that taking nine sub days over the course of a few months was too much time away from the classroom. Every respondent agreed that having this process during the summer (with a stipend) would be much more accessible; it would also eliminate the significant effort to create sub plans in addition to the work of developing a scope and sequence. Respondents noted that doing this over the summer would allow more time for scope and sequence development and could also increase teacher participation. Furthermore, having more teachers engaged in the process could lead to stronger district-wide buy-in and administrative support for the final scope and sequence.

“ I really think that it needed to be teacher-driven because the teachers are the ones doing the work, and they know what needs to happen and what makes sense as far as organization of the units and what’s realistic for different age groups of kids because we actually work with those kids. So I really think the fact that it was primarily teacher-driven was good. ”

—Teacher from Scope and Sequence Group

“ I do feel like the system of picking out which [skills] we were going to assess within each unit even was just kind of very arbitrary, and I don’t feel like there was a lot of thought that went into it. It was just kind of like well we need to put these skills in here somewhere, so let’s just do it in the alcohol and drug unit. ”

—Teacher from Scope and Sequence Group

“ But I thought that the process was not that great because there’s so many standards and so many things in Oregon that you’re supposed to do. The first thing that we did was go through all of them and kind of weed out the ones that were repetitive and then we tried our best to create what our scope and sequence would be in Health 1 and 2. But it was very much based on what each school was doing, and so I felt like we couldn’t come to any conclusion about what we should be doing in Health 1 and 2. It felt like a couple people took over and kind of did it but I don’t feel like it was done with very much intention. ”

—Teacher from Scope and Sequence Group

## Shared goals

Some of the respondents mentioned the district had not fully developed a plan for creating a scope and sequence, nor had it outlined clear goals for individual meetings or the entire process itself; as such, respondents had varying understanding of the overall objective. One respondent said the primary goal was to make sure every school was teaching health in the same way at the same time so that students who transfer mid-year would not lose credit; other respondents noted that the main objective was to develop a scope and sequence for immediate implementation; yet another said they felt the goal was expressed clearly by the facilitators but could not articulate it during our interview. The high school group noted this lack of clear objective, paired with the absence of a facilitator, led to some respondents feeling dissatisfied with both the process and the final scope and sequence.

As noted above, nearly all respondents felt they needed more guidance throughout the process either from a skilled facilitator or from community partners who were experienced in evidence-based CSE best practices. Some respondents explained that consistent facilitation would have made the process more meaningful because the objectives would have been clear throughout and understood by all, the process would have been backed by relevant research in best practices for CSE, and there would have been less room for teachers with the strongest opinions to dominate meetings.

## Professional development

The other most common criticism from the scope and sequence respondents was lack of professional development opportunities related to scope and sequence development and to CSE content and curricula. Several respondents, especially elementary school teachers, felt they did not have adequate training in health curricula. One elementary school teacher felt their lack of familiarity with health curricula made them less effective in the scope and sequence development group.

Furthermore, one respondent from the middle school group explained they had been teaching sex education for several years before attending their first training on the subject. The absence of training prior to teaching health for the first time seemed to have contributed to this educator's lack of appreciation for professional development opportunities related to CSE.

While none of the respondents from the high school group expressed the need for training in specific content areas, some acknowledged the lack of professional development around creating a scope and sequence. This process was new to everyone and some respondents would have appreciated additional background training on how to organize and develop a scope and sequence that aligns with the district's move toward skills-based lessons.

Finally, one respondent explained the benefit of having the scope and sequence development group train the other teachers in the district how they developed the scope and sequence and the importance of implementation. Many respondents noted that teachers were all teaching health differently and were unwilling to change the way they organized their classes. This additional training by the scope and sequence development group could lead to a better understanding across the district and, thus, make redesigning a class more palatable to teachers who were not in the group.

“ I wasn't as familiar with certain topics in health, not having taught it, and so the biggest negative for me was just not being familiar with it. And with more knowledge in the topic areas, I think that probably would have helped me be a little more efficient. ”

—Teacher from Scope and Sequence Group

“ And then we brought in one teacher from all the high schools for one meeting, which I appreciate Jenny doing, but what that basically did was show us how we all are not willing to give up what we’re doing at our individual schools and the different schedules we have to make uniform or to make it the same for every school. I actually don’t think we should be making it the same for every school. We all have different needs and that was very clear. There was another teacher in the S&S that wanted all of us to do the exact same thing at the exact same time no matter what, and there was a lot of pushback from other teachers in the district who are doing some great things but don’t want to be told exactly what to do and when to do it. ”

—Teacher from Scope and Sequence Group

“ [They need to] be willing to take time, work on it until it’s actually done because we didn’t do that and then train teachers before you mandate it, which we also didn’t do. Because a lot of teachers freaked out like “What?! I’m teaching health?” Especially in K–5, they were like “What?! I don’t know how to teach health, you can’t ask me to teach one more subject! — which is fair; they teach a ridiculous number of things. ”

—Teacher from Scope and Sequence Group



# Summary and recommendations

## Summary

Oregon Department of Education's Human Sexuality Education Administrative Rule (OAR-581-022-2050) requires all school districts to develop a comprehensive sexual health education plan of instruction in collaboration with community-based organizations and local health departments to ensure the policy would adequately reflect the needs of their community. Portland Public Schools responded by convening a group of representatives from community-based organizations, the county health department and state programs to develop a plan of instruction and brought together teachers from the district to develop a scope and sequence as part of the plan of instruction.

Interviews conducted with participants confirmed that hiring a strong facilitator with knowledge of best practices and the skills to direct conversations was key to PPS's successful process. Nevertheless, PPS would have benefitted from creating a clear framework for the process before beginning to develop the plan of instruction and scope and sequence. District-level administrators should provide structure to the process through a well-defined plan for developing a scope and sequence and plan of instruction. The framework should equip all participants with a clear understanding of the primary objective for each meeting, as well as the overall goals of the process. This will help participants and facilitators work more effectively and increase participants' support of the process and outcome.

Despite the short timeframe to develop the plan of instruction, PPS was able to convene a large group of community partners across a wide spectrum of organizations dedicated to support youth sexual health. These community partners felt they were given adequate time to substantially contribute and aid in the development of a plan of instruction in a meaningful way. However, they noted that PPS has since lost some of the momentum generated in this process by lack of continued communication after the school board approved the plan of instruction. It is important for PPS to remain in regular contact with community partners during implementation to foster strong, truly reciprocal collaborative relationships with community-based organizations. Furthermore, PPS is scheduled to update their plan of instruction in 2020 and will need community partners to come back to the table to lend their expertise. If PPS were to provide regular updates on implementation successes and challenges, the community partners would not only have more buy-in to PPS's success, they would be better prepared to contribute during the plan update.



PPS's process to develop a comprehensive sexual health education plan of instruction successfully included input from several different community-based organizations. As a result, PPS has the opportunity to make their plan and process more broadly adaptable. As mentioned above, per the requirements in ODE's administrative rule, PPS will need to update their plan every two years and should build and improve upon their already-established process instead of starting from scratch. Additionally, Oregon recently passed Adi's Act (2019 SB 52), which will require all school districts to have a suicide prevention policy that is evidence-supported and grounded in best practices. The process that PPS took to develop its CSE plan of instruction could be adapted to develop its future youth suicide prevention policy.

Finally, as PPS continues to build upon and improve this process, it would greatly benefit from the involvement of district-level administration and principals as well as increased participation from culturally specific community organizations, parents and youth. Teachers need to feel more supported in this work, both from their building administrators (principals) and the district. One way principals could show their support is by actively engaging in the scope and sequence process and demonstrating that they understand the importance of sexual health education. Similarly, as a district, PPS can show its support of sexual health education by bringing parents and youth into the development process and ensuring the plan of instruction reflects the needs of the communities they serve.

## Recommendations

- **Define the process:** District-level administrators would benefit from having a well-defined process for developing a plan of instruction and scope and sequence in place before convening the first meeting. This should include a timeline with specific deadlines, meeting agendas with clear objectives, a facilitation plan, and a communication plan for engaging community partners, teachers, school administrators and parents.
- **Maintain regular communication with community partners** via email (perhaps through a listserv) both during the development process and after it has concluded. Provide periodic updates on the status of implementation, challenges to implementation and suggestions for addressing these challenges when the plan of instruction is updated.

- **Build authentic, collaborative relationships** with community-based organizations well in advance and maintain them after developing the plan of instruction. Some strategies for doing this are sharing resources; making in-person introductions and invitations to relevant meetings; maintaining regular communication and providing updates on district-wide sexuality education; avoiding the tendency to reach out only when help or input is needed from the community-based organization; and using pre-established groups and coalitions of community-based organizations (such as Oregon Youth Sexual Health Partnership, or OYSHP) where community partners are already working together to advance sexuality education in Oregon.
- **Ensure participation of teachers, principals, community partners, parents and youth** in all development meetings and collaborate on all components of the plan of instruction, including the scope and sequence. This would support further buy-in from stakeholders as well as help avoid making decisions based on assumptions. For example, having parents in the room throughout the entire process would ensure their perspectives are built into the plan of instruction and other participants will not preemptively omit parts of the plan they assume will incite pushback from parents.
- **Support teachers ahead of time:** The district should provide teachers with professional development and training on curricula implementation and best practices for developing a scope and sequence prior to beginning the process.
- **Secure a consistent facilitator** for every plan development meeting and for all meetings for each group developing a scope and sequence. Even with training in best practices prior to the first development meeting, a facilitator could provide guidance throughout the process, re-direct conversations when necessary to increase efficiency, resolve disagreements between stakeholders, and ensure the process is aligned with the overall goals.
- **Optimize timing** to ensure sufficient time to pair curricula, supplemental resources and examples of lesson plans to the scope and sequence. Develop the scope and sequence over the summer and provide teachers with a stipend for their time.

# Appendix A

## **Portland Public Schools' Updated Scope and Sequence Process**

Written by Jenny Withycombe, PPS Program Administrator for Health and Physical Education

### **Guaranteed and Viable Curriculum (GVC) 2.0**

Although the GVC/Scope and Sequence Project was successful in articulating a comprehensive plan of instruction for Health Education, K–12, the process included several flaws as outlined in this report. Although the leadership of PPS had not seen the report when we began GVC 2.0, we were aware that much of what we did previously was flawed in minor ways. During the last week of June and for two days at the end of the July, middle and high school teachers came together to review our work from the previous year, reflect, and then make changes. To begin the work in June we engaged in two professional learning experiences that dramatically helped with the revisions (and ultimately would have helped when we began the process the previous year). The first was a training on exactly **HOW** a scope and sequence should be created. Consultants from Rigorous Curriculum Design (RCD) trained me in the process of developing a comprehensive scope and sequence. I was then able to deliver that training to the teachers in attendance. This allowed us to go back through our documents and identify where we made faulty assumptions and then to correct them. The next day we went through a learning experience in which two trainers in the field of skills-based health instruction led us through a training around shifts in the field and best practices in skills-based health planning. That allowed us to apply our new RCD learning in a more targeted way and make it specific to the discipline of health. The scaffolding these trainings provided set the stage for a more comprehensive review and adaptations of our earlier work.

Another change that was made with the June and July trainings was that we made sure that we had representation from every cluster in the district. We had high school representatives from every cluster except Jefferson HS. And we had middle school representation from every cluster except Cleveland. That meant that we were better able to see the work through the lens of PPS as a whole. It also meant that folks from just one cluster could not dominate the conversation. Everyone felt much better about reviewing the documents and changing what was done knowing that each cluster had a voice in the proceedings.

Finally, we spent the two days in July building common assessments aligned with the skills (rather than the content) of the health scope and sequence. This was done in random groups and allowed for participation across the district. Teams of four each took one grade level and built out their assessment using common documents provided by RCD and our Skills-Based Health trainers. Groups also took time to share their assessments to ensure cohesion across grade levels.

Everyone felt much more settled with the final product and I believe we now have a much stronger GVC/Scope and Sequence from which to work and build.





PUBLIC HEALTH DIVISION

Prescription Drug Monitoring Program

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