SEX EDUCATION IN THE LOS ANGELES UNIFIED SCHOOL DISTRICT

ALIGNING DISTRICT POLICYMAKING AND POLICY IMPLEMENTATION WITH THE CALIFORNIA HEALTHY YOUTH ACT

PREPARED BY
Ben Parnes
Devon Schechinger
Katie Solomon
Keara Pina
Zi Wang

UCLA Luskin School *of* Public Affairs

ACKNOWLEDGMENTS

We would first like to thank the Los Angeles Unified School District Health Education Programs Division and the Research Division for providing the opportunity to work on such an important and complex issue. Timothy Kordic provided a wealth of information and guidance for our topic, which proved indispensable in developing recommendations to provide equitable sexual health education access to district students. We also would like to recognize the support of Dr. Kathy Hayes in advising our research proposal and coordinating LAUSD research efforts.

In addition, we are incredibly grateful to the many non-LAUSD school district administrators, government agency officials, and non-profit organization leaders we spoke with for their time and expertise, providing lessons learned and best practices to inform our research. We would like to particularly thank the Adolescent Sexual Health Working Group organization members for their interest in and enthusiastic support of our project.

Finally, we would like to thank our UCLA professors and colleagues who provided a tremendous amount of support for this project. Our advisor, Professor Mark Peterson, provided advice and assistance at every stage of our project. We would not have been able to complete this project without him. In addition, Professor Meredith Phillips, Professor Kimberly Murtaugh, Professor Manisha Shah, and Professor Wesley Yin all provided valuable feedback and help for our project goals. We also want to thank our seminar classmates and especially our peer review team for their input and critical evaluation of our project, pushing us always to dive deeper and providing their insights on our writing and analysis.

TABLE OF CONTENTS

EXECUTIVE SUMMARY

Effective and holistic comprehensive sexual health education is paramount to creating a foundation for lifelong healthy behaviors; as well as positive, consensual, and loving relationships. The 2016 California Healthy Youth Act (CHYA) affirms this claim by mandating comprehensive sexual health education that is medically accurate, unbiased to any sex, gender, sexual orientation, race or ethnicity, and age-appropriate, among other criteria outlined later in this report. CHYA promotes healthy relationships and behaviors in a framework that strives to support students in fostering healthy and positive attitudes about themselves, their relationships, and their lives.

It has been immensely challenging for California's school districts, especially those with limited resources and budgets, to achieve compliance with CHYA, which is an unfunded mandate. The implementation and distribution of CHYA-compliant curricula and resources is challenging due to poorly communicated policy requirements, political push-back, and the absence of a statewide compliance-tracking system. These challenges weave a nearly-impenetrable barrier to giving LAUSD students the comprehensive sexual health education that they deserve, and that is legally obligated to them under CHYA, the state law.

This project assesses the Los Angeles Unified School District's (LAUSD) approach to the implementation of the 2016 California Healthy Youth Act (CHYA). Our project client is Timothy Kordic, the Project Advisor for the HIV/AIDS Prevention Unit in the Los Angeles Unified School District's Health Education Programs Office. This project serves our client's goals of upholding and implementing CHYA to provide all LAUSD students with equitable, comprehensive sex education regardless of sexual orientation, gender, race, socioeconomic status, ethnicity, or disability.

In this report, we explore disparities in equitable access to sexual health information; policy change at the state, local and district levels; and teacher support and training. Through in-depth conversations with our client, interviews with stakeholders in nonprofit sex education organizations and other school districts, teacher surveys, and extensive data analysis, our team gained an informed and analytical understanding of the sexual health education landscape in LAUSD. Guided by the provisions of CHYA and based on this research and analysis, we address the following policy question:

"How can LAUSD strategically draft and successfully implement a district-wide, comprehensive sex education policy to ensure all schools comply with the California Healthy Youth Act (CHYA) and its relevant amendments?"

To address the two goals in this policy question, we offer evidence-based approaches to:

1. **Draft a new, Board of Education-approved, district policy that builds on existing CHYA mandates and also addresses the specific needs of the Los Angeles Unified School District (LAUSD).**
2. **Recommend implementation and compliance tracking strategies to ensure broad policy adoption across LAUSD.**

We approach the first goal, a new district policy, by comprehensively examining the current law and demographics of LAUSD to recommend policy language that fulfills CHYA requirements while recognizing the many unique student populations within the district. Given this proposed language required to satisfy CHYA mandates, we then identify and evaluate strategies to ensure that all students in LAUSD receive equitable CHYA-compliant education, all teachers and administrators have sufficient support to implement the policy, and all schools comply with policy requirements. Informed by our research, we evaluate and recommend the best options for short- and long-term action, and advocacy efforts to influence state implementation and compliance efforts.

Implementation Recommendations

Short-Term Recommendations

- Ensure the circulation of the CHYA-compliant curriculum.

Long-Term Recommendations

- Collect current, district-wide data; keep and maintain records.
- Move first-time sexual health educator training to weekdays.

LAUSD or State Advocacy Recommendations

- Change the course schedule in middle school to include a one-semester block for health.
- Require single-subject or multiple-subject credentials for all health educators.

Compliance Recommendations

Long-Term Recommendations

- Create a compliance tracking system at the school, classroom, or individual student level.

LAUSD or State Advocacy Recommendations

- Include CHYA compliance into the Western Association of Schools and Colleges (WASC) accreditation audit.

With these recommendations, LAUSD can successfully provide equitable access to affirming and positive comprehensive sexual health education to ensure LAUSD students have the knowledge and educational support necessary to make informed decisions about their health and wellbeing, both physical and emotional.

INTRODUCTION

Comprehensive sexual health education has well-documented, positive effects on students, communities, and public health.[1] It is clear that comprehensive sexual education programs "reduce the rates of sexual activity, sexual risk behaviors (e.g., number of partners and unprotected intercourse), sexually transmitted infections, and adolescent pregnancy."[2] While teen pregnancy has been trending downward since the mid-1990s, sexually transmitted infection (STI) rates have steadily increased in California.[3] The state ranks second in the primary and secondary syphilis rate (0.02%) and fifth in the congenital syphilis rate (0.07%) among all U.S. states, and also has higher rates of chlamydia (0.59%) and gonorrhea (0.20%) than the national level (0.54% and 0.18% respectively).[4] All three of these bacterial infections can lead to serious long-term health outcomes, such as paralysis, infertility, cancer, organ damage, and neurological problems.[5] Studies show that STIs, particularly unchecked and untreated, disproportionately affect youth of color and LGBTQ+ youth.[6]

It is due to these alarming statistics, and the necessity for education that is specific to the needs of California youth, that legislators passed the California Healthy Youth Act (CHYA) in 2016. The law bans the promotion of abstinence-only sexual health education and requires schools to provide medically-accurate, age-appropriate, comprehensive, and unbiased sexual health and HIV-prevention education.[7] Our new policy, if effectively implemented, would ensure the high-quality distribution of CHYA curricula to LAUSD students. Our recommendations for implementation strategies and modes of compliance would promote equitable distribution and

---

[1] The American College of Obstetricians and Gynecologists. "Comprehensive Sexuality Education". The American College of Obstetricians and Gynecologists. Accessed February 26, 2020. https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Adolescent-Health-Care/Comprehensive-Sexuality-Education?IsMobileSet=false

[2] Ibid.

[3] California Department of Public Health. "California Sexually Transmitted Disease (STD) Annual Report", Accessed February 27, 2020. https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/STD-Surveillance-Executive-Summary.pdf

[4] Centers for Disease Control and Prevention. "2018 STD Surveillance Report:State Ranking Tables". Accessed March 18, 2020. https://www.cdc.gov/std/stats18/2018-Surveillance-Report-EMBARGOED-FINAL-State-Ranking-Tables.pdf

[5] San Francisco AIDS Foundation. "STD Rates in California Reach the Highest Levels in 30 Years." San Francisco AIDS Foundation. Accessed February 12, 2020. https://www.sfaf.org/collections/breaking-news/std-rates-in-california-reach-the-highest-levels-in-30-years/.

[6] Center for Disease Control and Prevention(CDC). "STD Factsheet". Accessed February 12, 2020. http://publichealth.lacounty.gov/CenterForHealthEquity/PDF/Factsheet_STD.pdf

[7] California Sexual Health Education Roundtable. "FAQ, CHYA." ACLU of Northern California. Accessed February 12, 2020. https://www.aclunc.org/docs/frequently_asked_questions-california_healthy_youth_act-ca_sexual_health_education_roundtable.pdf.

access to CHYA-aligned learning and tools, which could positively affect student health outcomes and behaviors.[8]

The LA Department of Health's Center for Health Equity states that "the persistent lack of sex-positive sexual health messages among health providers and community leaders throughout all communities contributes to the shame, stigma, and lack of awareness surrounding sexual health."[9] Inherent to this statement is the necessity of unbiased, affirming, and sex-positive health education addressing all aspects of sexual behavior and adolescent development facilitated through an LGBTQ+ positive lens that is accessible to students regardless of race, background, ethnicity, or disability status.

The delivery of sex education and appropriate curriculum content is often a source of contestation among some parents and school administrators. Disagreements over whether sex education should be comprehensive or "abstinence-only" (meaning, curricula that exclusively teach that abstaining from sexual behavior is the only option for adolescents) has disrupted the dissemination of empirically established information. As a result, there are many disagreements among the state governing body and numerous dissenting school districts. Conservative law firms and other interest groups continue to challenge the implementation of CHYA-compliant curricula, which ultimately forces health educators and school administrators to decide between abiding by the state mandate and addressing the dissenting-parent community. However, all education areas, including sex education, hold equal value, and the very foundation of equity under the law demands LAUSD deliver medically-accurate, state-approved information to all students.

Client

Our client, Timothy Kordic, the Project Advisor for the LAUSD HIV/AIDs Prevention Unit, is responsible for sex education programming in the district, including sex education policy, curriculum, teacher training, and other district-wide health initiatives. For over thirty years, LAUSD has received funding for curriculum design and implementation, as well as teacher training, from the U.S. Centers for Disease Control and Prevention (CDC), which provided a budget for this unit's work, and therefore, the LAUSD budget for implementing CHYA-compliant curricula and programming.

---

[8] Carter, David, "Comprehensive Sex Education for Teens is more Effective than Abstinence" American Journal of Nursing. March 2012, Volume 112. Accessed March 19, 2020. https://journals.lww.com/ajnonline/Fulltext/2012/03000/Comprehensive_Sex_Education_for_Teens_Is_More.5.aspx; "Why Comprehensive Sexuality Education is Important" UNESCO, 2018. Accessed March 19, 2020. https://en.unesco.org/news/why-comprehensive-sexuality-education-important

[9] Center for Health Equity, "Sexuall Transmitted Infections". Los Angeles County Department of Public Health. Accessed February 27, 2020. http://publichealth.lacounty.gov/CenterForHealthEquity/PDF/Factsheet_STD.pdf

CHYA Mandates and Sex Education in LAUSD

CHYA stipulates that curricula compliant with its mandates must be provided to all students at least once in middle school and once in high school.[10] This requirement means school districts must pass and implement their own sex education policies to comply with CHYA's provisions. Creating a new sex education policy is a challenge in LAUSD because the district is the second-largest in the U.S. with 1,386 schools and over 600,000 students.[11] LAUSD's current sex education policy requires comprehensive sex education and HIV/AIDS prevention education for all 7th and 9th graders. Still, it lacks reference to CHYA and many of its substantive mandates, thus indicating the need for updated district requirements.[12]

CHYA is an unfunded mandate with no compliance measurement system stipulated in the statute. Therefore, schools across the state bear the responsibility to adopt their own implementation efforts and compliance metrics. Furthermore, the absence of state-wide tracking and reporting on CHYA compliance leaves room for CHYA-resistant schools or districts to delay implementation. Conversely, schools and districts that want to comply with the law may be falling short due to budget constraints and limited revenue streams.

Our client advocates for providing comprehensive sex education throughout LAUSD, as outlined by CHYA. To ensure compliance with the policy, LAUSD must implement a strategy to fulfill CHYA's requirements throughout the school district. We aim to help LAUSD in these efforts and ensure *all* students have equal access to high-quality sexual health education by addressing two goals:

1. **Draft a new, Board of Education-approved, district policy that builds on existing CHYA mandates and also addresses the specific needs of the Los Angeles Unified School District (LAUSD).**
2. **Recommend implementation and compliance tracking strategies to ensure broad policy adoption across LAUSD.**

[10] Assem. Bill 329, 2015-2016 Reg. Sess. (2016)
http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_0001-0050/abx1_28_bill_20110628_enrolled.pdf
[11] "District Information / District Information." /About the Los Angeles Unified School District. Accessed March 18, 2020. https://achieve.lausd.net/about#:~:text=About the Los Angeles Unified.
[12] Los Angeles Unified School District, Bulletin 1132.3 "Complying with the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act",
http://www.aidspreventionlausd.net/images/pdfs%20policies/BUL%201132.3%20Attachment%20A.pdf.

We take this two-part approach to address what is often missed in the policymaking process even when an appropriate policy is adopted: effective measures to ensure the implementation of and compliance with that policy. Implementation refers to how the district provides various resources to set teachers up for success both in teaching the required material and responding to questions from parents about the law, policy requirements, and teaching materials. Compliance refers to district adherence to the law, including how the district assesses whether schools and teachers are teaching the sex education material in a way that meets all CHYA requirements. Full compliance would entail all students receive unbiased, medically-accurate, high-quality, comprehensive sex education as required by the law. Implementation and compliance go hand in hand, and success in these efforts will ensure equal opportunity and access to comprehensive sex education for all students.

BACKGROUND

The Importance of Sex Education: Current Health Landscape of Youth in Los Angeles

Current youth health outcomes in Los Angeles highlight the need for a revised policy and effective sex education. Sexually transmitted infections are increasingly prevalent in LA County.[13] In 2018, there were 96,342 total STI cases reported to the LA Department of Public Health.[14] For the past decade, for the 10-19-year-old age group, both chlamydia and gonorrhea were reported with a higher prevalence than at the state level, with Latinos and African-Americans disproportionately affected.[15] In 2016, 1,949 residents were reported as newly diagnosed with HIV infection in LA County, with 3% among youth under 19.[16] In addition, the rate of new diagnoses of HIV in the county is above both the state and the national level.[17] Youth and young adults represent a disproportionate number of new HIV diagnoses.[18]

LA also has a high number of teen births, reaching up to 15,922 births from females age 15-19 in 2015-2017 despite a decrease in the overall teen birth rate in the county.[19] Racial and ethnic disparities in teen birth rates persist, with Hispanic/Latinx rates (2.11%) nearly eight times higher

---

[13] Division of HIV and STD Programs, Los Angeles County Department of Public Health. "2017 Annual STD Surveillance Report". Los Angeles County Department of Public Health. Accessed February 27, 2020. http://publichealth.lacounty.gov/dhsp/Reports/STD/2017_STDSurveillanceReport_Final_07.29.19.pdf

[14] Division of HIV and STD Programs, Los Angeles County Department of Public Health. "2018 Los Angeles County STD Snapshot". Los Angeles County Department of Public Health. Accessed February 27, 2020. http://publichealth.lacounty.gov/dhsp/Reports/STD/2018_LosAngelesCounty_STD_Snapshot.pdf

[15] Los Angeles County Commission on HIV and the Los Angeles County Department of Public Health Division of HIV and STD Programs. "Los Angeles County Comprehensive HIV Plan (2017-2021)" Los Angeles County Department of Public Health. Accessed February 27, 2020. http://publichealth.lacounty.gov/dhsp/Reports/Publications/LAC-Comprehensive-HIV-Plan2017-2021.pdf

[16] Division of HIV and STD Programs, Los Angeles County Department of Public Health. "2017 Annual HIV Surveillance Report". Los Angeles County Department of Public Health. Published November 15, 2018. Accessed February 27, 2020. http://publichealth.lacounty.gov/dhsp/Reports/HIV/2017_AnnualHIVSurv_Report_FINAL_2018Nov15.pdf

[17] Centers for Disease Control and Prevention. "HIV Surveillance Report, 2018 (Preliminary); vol. 30." CDC. Accessed February 27, 2020. http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html .

[18] Los Angeles County Commission on HIV and the Los Angeles County Department of Public Health Division of HIV and STD Programs. "Los Angeles County Comprehensive HIV Plan (2017-2021)" Los Angeles County Department of Public Health. Accessed February 27, 2020. http://publichealth.lacounty.gov/dhsp/Reports/Publications/LAC-Comprehensive-HIV-Plan2017-2021.pdf

[19] California Department of Public Health Center for Family Health Maternal, Child and Adolescent Health Division Epidemiology, Surveillance, and Federal Reporting Branch. "Adolescent Birth Rates in California 2000-2017". California Department of Public Health. Accessed February 27, 2020. https://www.cdph.ca.gov/Programs/CFH/DMCAH/CDPH%20Document%20Library/Data/Adolescent/Adolescent-Birth-Rates-2017.pdf

than that for White teens (0.27%), and African American/Black teen birth rates (1.72%) almost six times higher than White teens' rates.[20]

Behavior and health outcomes are linked, making the need for effective sex education clear. The Youth Risk Behavior Survey (YRBS), an annual school-based survey conducted by the CDC and local education agencies, uses a large, representative sample of middle school and high schools to assess health-related behavior.[21] According to the 2019 YRBS, 8.3% of middle school students in LAUSD have had sexual intercourse, compared to 6.7% in 2017.[22] For high school students, the percentage of sexually active students was 30.2% in 2019, compared to 30.0% in 2017. An alarming 48% of sexually active high school students in LAUSD in 2019 did not use a condom during their last sexual intercourse, while in 2015, 37.7% did not. Moreover, 24.3% of LAUSD high schoolers did not use any method to prevent pregnancy during their last sexual intercourse in 2019, compared to 15.7% in 2015.

The persistent gaps in health outcomes and associated risk behaviors point to the importance of sex education tailored to adolescent needs and an effectively implemented sex education policy that ensures students receive the required education and resources. Research shows that comprehensive sexual health education has favorable effects on health behaviors and health outcomes.[23] Still, the reality of sex education is inadequate for students in LAUSD and remains mostly stagnant, even after CHYA passage in 2016. According to the 2019 Youth Risk Behavior Surveillance System (YRBS) data, only 45.8% of middle school students and 72% of high school students in LAUSD reported they received sex education in school, compared to 70.3% of high schoolers and 46.7% of middle schoolers in 2017.[24] Moreover, the Centers for Disease Control and Prevention School Health Profiles in 2018 show only 58.5% of LAUSD middle schools, and 79.9% of LAUSD high schools report they teach all 20 sexual health topics recommended by CDC.[25] This deficiency further underscores the need for a CHYA-compliant

---

[20] California Department of Public Health. "Birth Statistical Master Files." California Department of Public Health. Accessed February 27, 2020. https://www.kidsdata.org/topic/315/teen-births-race/table#fmt=1194&loc=364&tf=88&ch=7,11,8,507,9,73&sortColumnId=0&sortType=asc

[21] Centers for Disease Control and Prevention. "Youth Risk Behavior Surveillance System." Atlanta: Centers for Disease Control and Prevention. Accessed May 2, 2020. https://www.cdc.gov/healthyyouth/data/yrbs/index.htm

[22] Data provided by the client, not available online at this moment.

[23] Kohler, Pamela K., Lisa E. Manhart, and William E. Lafferty. "Abstinence-only and comprehensive sex education and the initiation of sexual activity and teen pregnancy." Journal of adolescent Health 42, no. 4 (2008): 344-351; Kirby, Douglas B. "The impact of abstinence and comprehensive sex and STD/HIV education programs on adolescent sexual behavior." Sexuality Research & Social Policy 5, no. 3 (2008): 18; Chin, Helen B. et al. "The effectiveness of group-based comprehensive risk-reduction and abstinence education interventions to prevent or reduce the risk of adolescent pregnancy, human immunodeficiency virus, and sexually transmitted infections: two systematic reviews for the Guide to Community Preventive Services." American journal of preventive medicine 42, no. 3 (2012): 272-294.

[24] Data provided by the client, not available online at this moment.

[25] Centers for Disease Control and Prevention. "School Health Profiles 2018: Characteristics of Health Programs Among Secondary Schools." Atlanta: Centers for Disease Control and Prevention. Accessed February 27, 2020.

policy and implementation process to target LAUSD teens' needs. The available data only reflect measurable outcomes, while effective comprehensive sex education tackles more amorphous and nuanced topics that are harder to measure, such as self-efficacy, rights in a relationship, and body positivity, among others.

Sex Education History in the U.S. and California

In 1975, the World Health Organization defined the goal of sexual health education as the confluence of the emotional, social, and intellectual aspects of sexual being. The bedrock of that definition is the right to sexual information.[26] California has led the way on sexual health and wellness through this framework for many decades. California rejected much of the national funding for abstinence-only education and often takes a leading role in the fight for information equity.[27] Through years of waffling federal policy based on administration and party, California held fast to an education system based on the equity in and access to information. For example, California required all public schools to teach HIV/AIDS education starting in 1992, long before state law required sex education, and before the two were braided together in a single curriculum.[28]

Over many years, the state legislature passed numerous HIV/AIDS and sex education laws, several of which were confusing for school districts, and challenging to implement due to their complex, non-requirement, and occasionally conflicting nature. In 2003, California's Senate passed the Comprehensive Sexual Health and HIV/AIDS Prevention Education Act (SB 71) to try to synthesize the multiple state legislations addressing HIV and sexual health into one streamlined bill for ease of implementation.[29] Through SB 71, California mandated schools and districts to teach HIV/AIDS prevention education to all students in 7th-12th grade, but comprehensive sex education was only "authorized" and recommended rather than mandated.[30] Additionally, SB 71 includes language for parents to opt-out of any comprehensive sex

---

https://www.cdc.gov/healthyyouth/data/profiles/pdf/2018/CDC-Profiles-2018.pdf

[26] Planned Parenthood. "History of Sex Education in the US." Planned PArenthood. Accessed February 27, 2020. . https://www.plannedparenthood.org/uploads/filer_public/da/67/da67fd5d-631d-438a-85e8-a446d90fd1e3/20170209_sexed_d04_1.pdf

[27] Guttmacher Institute. "Sex and HIV Education:. Guttmacher Institute. Accessed February 27, 2020. https://www.guttmacher.org/state-policy/explore/sex-and-hiv-education

[28] Burlingame, Phyllidia. "Sex Education in California Schools". ACLU of Northern California. Accessed February 27, 2020. https://www.aclunc.org/sites/default/files/asset_upload_file829_3512.pdf

[29] Sen. Bill 71, 2003-2004Reg. Sess. (2003) https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=200320040SB71; Combellick, Sarah MPH; Brindis, Claire DrPH. "Uneven Progress: Sex Education in California Schools". UCLA Bixby Center for Global Reproductive Health. ACLU of Northern California. Accessed February 27, 2020.

[30] Combellick, Sarah MPH; Brindis, Claire DrPH. "Uneven Progress: Sex Education in California Schools". UCLA Bixby Center for Global Reproductive Health. ACLU of Northern California. Accessed February 27, 2020.

education.[31] This left schools to teach the comprehensive sex education curriculum of their choosing, if at all.

Even with numerous evidence-based, comprehensive sexual education programs throughout the country, only seventeen states mandate sex education be medically accurate, only three prohibit the promotion of religious views in the curriculum, and only nine mandate the curriculum be inclusive and non-discriminatory of different backgrounds, cultures, sex, or ethnicities.[32] California is one of the states that fall into each of those buckets and more, paving the way for more effective sexual health education at the state level. With changing administrations on the national level, declining teen pregnancy rates, but soaring STI rates in California, state legislators pushed an even more holistic bill in 2016 when they passed the California Healthy Youth Act (CHYA).

What is the California Healthy Youth Act (CHYA)?

The California Legislature passed the California Healthy Youth Act (CHYA) with the purpose of "providing every student with the knowledge and skills necessary to protect their sexual and reproductive health from unintended pregnancy, human immunodeficiency virus (HIV), and sexually transmitted infections (STIs)."[33] CHYA requires schools to provide medically-accurate, age-appropriate, comprehensive, and unbiased sexual health and HIV-prevention education.[34] School districts must provide such education to all students at least once in middle school and once in high school.[35] Most crucially, CHYA must affirm the message that sexuality is a normal and healthy part of adolescence; this is paramount to CHYA's goals of teaching students how to protect themselves, foster safe and positive relationships, and establish healthy attitudes around bodies, growth, and development.[36]

---

[31] LegInfo. "Bill Text- SB71". California Legislature. Accessed February 27, 2020. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=200320040SB71

[32] Guttmacher Institute. "Sex and HIV Education:. Guttmacher Institute. Accessed February 27, 2020. https://www.guttmacher.org/state-policy/explore/sex-and-hiv-education

[33] Torkalson, Tom. "California Health Youth Act: Sexual Health Education". California Department of Education. Accessed Febraury 27, 2020. https://www.cde.ca.gov/nr/el/le/yr18ltr0405.asp

[34] California Sex Education Roundtable. "FAQ, CHYA." ACLU of Northern California. Accessed February 27, 2020. https://www.aclunc.org/docs/frequently_asked_questions-california_healthy_youth_act-ca_sexual_health_education_roundtable.pdf.

[35] Assem. Bill 329, 2015-2016 Reg. Sess. (2016) http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_0001-0050/abx1_28_bill_20110628_enrolled.pdf

[36] California Department of Education. "The California Healthy youth Act and 2019 Health Education Curriculum Framework". San Diego County Office of Education. Accessed February 27, 2020. https://www.sdcoe.net/lls/ccr/Documents/How%20CHYA%20is%20different%20from%20Framework.pdf

CHYA mandates that curricula affirm all sexual orientations and genders, and discuss relationship abuse and sex trafficking.[37] The policy also requires that curricula are appropriate for students with disabilities and accessible to English-language learners.[38] Under CHYA, parents must receive notification of instruction at least 14 days before the curriculum is taught and are allowed to opt their children out of participation, also known as passive consent.[39] Parents can opt their children out of specific sex education topics except for lessons on gender identity and inclusivity.[40] Conversely, active consent, the option through which parents would have to opt their children into sex education classes, is prohibited under the current mandate.[41]

There are eight curricula used throughout California that have been reviewed, modified, and approved as "CHYA-compliant" by the Adolescent Sexual Health Work Group (ASHWG), a state-wide coalition of government and non-government organizations working on CHYA implementation and compliance.[42] All curricula language expresses a commitment to including all genders, sexual orientations, races, religions, abilities, and backgrounds. Most curricula are available for English Learners.

There was no appropriated funding promised to school districts or schools as CHYA is unfunded. Before 2012, California provided a Mandated Cost Reimbursement program through which districts could submit claims for costs associated with implementing specific mandates, such as SB 71, regarding HIV/AIDS prevention and education.[43] Schools quickly found the reimbursement process could take up to two years, so many districts stopped submitting reimbursement claims.[44] To mitigate this lack of resource use, California decided to give a block grant option to districts called The Mandate Cost Block Grant in 2012, which bundled funding for

---

[37] California Sex Education Roundtable. "FAQ, CHYA." ACLU of Northern California. Accessed February 27, 2020. https://www.aclunc.org/docs/frequently_asked_questions-california_healthy_youth_act-ca_sexual_health_education_roundtable.pdf.

[38] Assem. Bill 329, 2015-2016 Reg. Sess. (2016) http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_0001-0050/abx1_28_bill_20110628_enrolled.pdf

[39] Ibid.

[40] California Department of Education. "The California Healthy youth Act and 2019 Health Education Curriculum Framework". San Diego County Office of Education. Accessed February 27, 2020. https://www.sdcoe.net/lls/ccr/Documents/How%20CHYA%20is%20different%20from%20Framework.pdf

[41] California Sex Education Roundtable. "FAQ, CHYA." ACLU of Northern California. Accessed February 27, 2020. https://www.aclunc.org/docs/frequently_asked_questions-california_healthy_youth_act-ca_sexual_health_education_roundtable.pdf.

[42] Adolescent Sexual Health Work Group. "Resources to Support Implementation of the California Healthy Youth Act.". Adolescent Sexual Health Working Group. Accessed FEbruary 27, 2020. http://ashwg.org/wp-content/uploads/2019/10/Resources-to-Support-Implementation-of-the-California-Healthy-Youth-Act-100419.pdf

[43] Gould, Jefferey. "Potential Funding Sources for Sexual Health Education in California" Cardea: Training, Research and Development and Training Services." Cardea Services. Accessed February 27, 2020. http://www.cardeaservices.org/_literature_198500/Potential_Funding_Sources_for_Sexual_Health_Education_in_California

[44] Ibid.

50 mandates into one block into which schools/districts could opt each year.[45] This grant, while intended to make the process easier, complicated districts' ability to parse funding streams for different mandates—for example, using the HIV/AIDS mandate funds for comprehensive sex education costs. Still, the exact amount per year, per district, is unclear and unavailable.[46]

Special Populations Affected by CHYA Mandates

Our client has, on multiple occasions, expressed concern and advocated for the special student populations in LAUSD, whose identities or circumstances may not have been previously reflected in sexual health education content. Because of this, our implementation and compliance tracking strategies aim to specifically address English language learners, foster youth, special education students, the LGBTQ+ community, and minors involved in or exposed to human sex trafficking.

Over 143,000 LAUSD students speak a language other than English; at least 132,500 of those students speak Spanish, which is equal to 21.3% of all students in the district.[47] Therefore, ensuring LAUSD provides all CHYA-compliant curricula in languages other than English is critical to achieving equitable access to information.

Besides the California Healthy Youth Act (CHYA, AB329), the California state legislature passed the California Foster Youth Sex Education Act (SB89) in 2017 to serve the needs of the 4,000 foster youth in LAUSD.[48] This law requires comprehensive sex education for foster youth and new training requirements for caregivers. The most relevant part of the legislation to our project is the requirement that caregivers and caseworkers track if and when foster youth received CHYA-compliant sex education and develop a plan for the student to receive the education if they have not done so. This is the first-ever tracking system requirement in reference to CHYA, but this requirement is restricted to foster youth.

In addition to foster youth, CHYA particularly focuses on LGBTQ+ communities. A recent study found a 34% increase in suicide among California youth in the past three years, with LGBTQ+ youth at particular risk for self-harm.[49] The LA County Center for Health Equity sums up the

---

[45] Ibid.

[46] California Department of Education. "The California Healthy Youth Act and 2019 Health Education Curriculum Framework". San Diego County Office of Education. Accessed February 27, 2020. https://www.sdcoe.net/lls/ccr/Documents/How%20CHYA%20is%20different%20from%20Framework.pdf

[47] Data collected by the California Department of Education (CDE) through the California Longitudinal Pupil Achievement Data System (CALPADS). Accessed March 11,2020. http://www.cde.ca.gov/ds/sd/sd/fileselsch.asp.

[48] https://www.ed-data.org/district/Los-Angeles/Los-Angeles-Unified

[49] America's Health Rankings. "2019 Health of Women and Children Report", America's Health Rankings. Accessed February 27, 2020, https://www.americashealthrankings.org/learn/reports/2019-health-of-women-and-children-report,

collective danger to communities due to disproportionate racially- and sexually-motivated risk-factors saying that among “men who have sex with men and transgender individuals, homophobia, stigma, racism, and threats of violence lead to disproportionate disease risk.”[50] This risk is “also magnified among LGBTQ youth, who experience higher rates of victimization and criminalization than their non-LGBTQ counterparts.”[51] This statement underscores the importance of CHYA’s commitment to affirming LGBTQ+ identities and including sexual health and wellness information for these populations. Studies show youth whose schools and states mandate conversations about sexual orientation and gender identity, particularly in anti-bullying efforts, “report less homophobic victimization and harassment than do students who attend schools” that do not.[52]

CHYA mandates that curricula include a discussion of sex trafficking as well. The state legislature added this mandate due to the issue’s prevalence in Los Angeles. California is considered one of the top US locations for sex trafficking due to the international nature, size and number of ports, and proximity to the Mexican border.[53] In 2018, there were nearly 1,700 human trafficking reports, of which 1,300 were sex trafficking; experts acknowledge this number is severely underreported.[54] Due to the prevalence of minors in trafficking incidents, and the use of the internet to lure minors into dangerous situations, California lawmakers decided that including a conversation about sex trafficking was essential to the safety of California students. Assembly Bill 1227 (AB 1227) The Human Trafficking Prevention Education and Training Act was signed into law in 2017, adding to CHYA’s training and education requirements to identify and prevent human trafficking in all forms, sex, labor, or otherwise.[55]

The LAUSD Sex Education Policymaking Process and Current Practices

To draft a new district policy and provide an implementation strategy to achieve compliance across LAUSD, it is imperative to understand the landscape of sex education policymaking and administrative structure within the district. The Los Angeles Unified School District is the 2nd

---

America’s Health Rankings. “Annual Report”. America’s Health Rankings. Accessed February 27, 2020. https://www.americashealthrankings.org/explore/annual/measure/Suicide/state/CA

[50] Center for Health Equity, “Sexually Transmitted Infections”. Los Angeles County Department of Public Health. Accessed February 27, 2020. http://publichealth.lacounty.gov/CenterForHealthEquity/PDF/Factsheet_STD.pdf

[51] Ibid.

[52] Kosciw JG, Greytak EA, Palmer NA, Boesen MJ, Palmer NA. The 2013 National School Climate Survey: The Experiences of Lesbian, Gay, Bisexual and Transgender Youth in Our Nation’s Schools. GLSEN; New York: 2014.

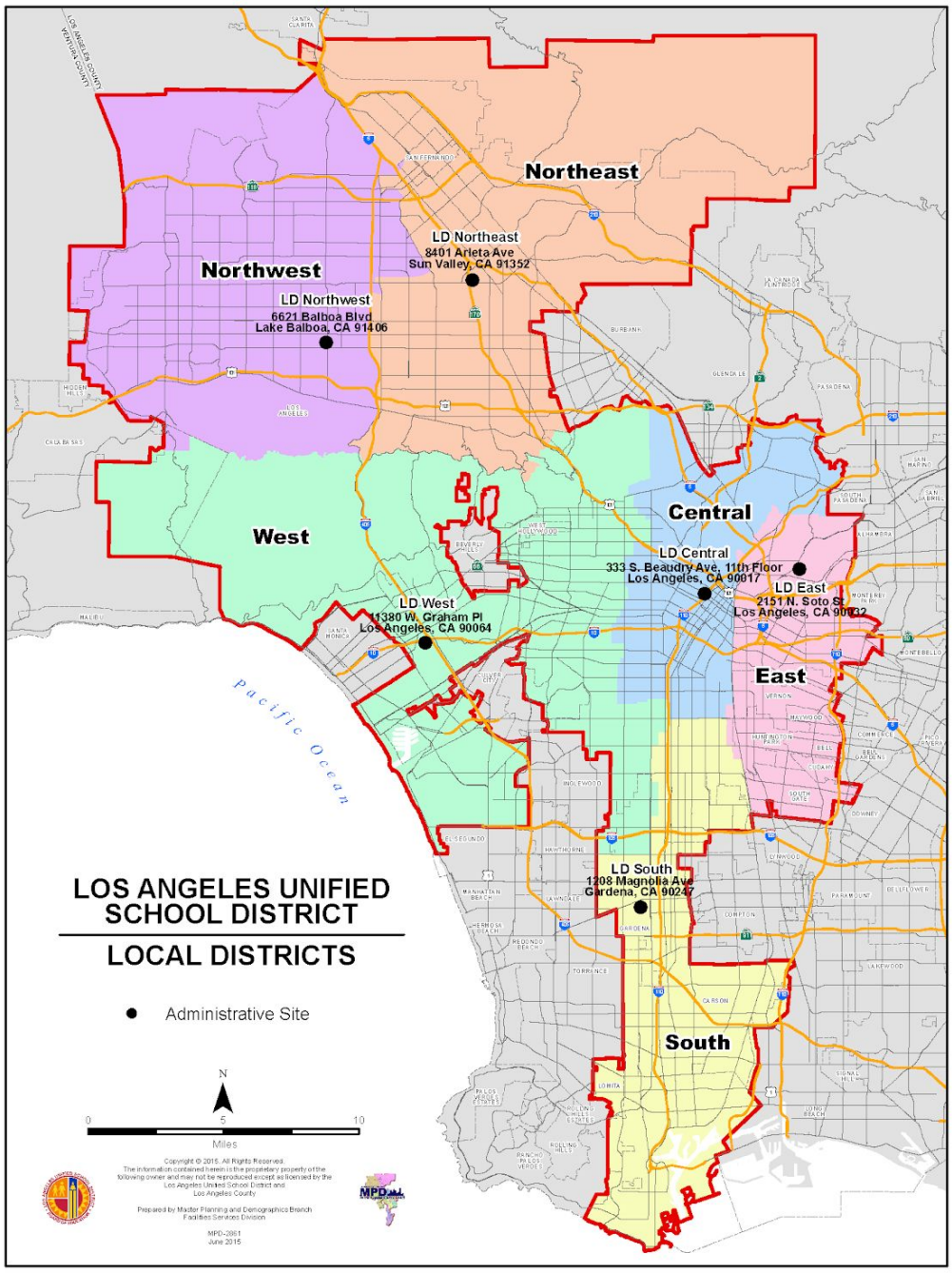
[53] California Human Trafficking Fact Sheet, Compiled by the Center for Public Policy Studies, 2013. Accessed from: http://www.htcourts.org/wp-content/uploads/CA-HT-Fact-Sheet-2.27.13.pdf?Factsheet=HT-CA

[54] “What is Human Trafficking?” State of California Department of Justice, Accessed March 19, 2020 from: https://oag.ca.gov/human-trafficking/what-is

[55] Assem. Bill 1227, 2017-2018 Reg. Sess. (2017) https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180AB1227

largest school district in the U.S., it spans 960 square miles, and it is divided into six local districts by region.[56]

Figure 1 *LAUSD map*[57]



[56] Ibid.
[57] LAUSD. "LAUSD Local Districts." LAUSD and Los Angeles County: Master Planning and Demographics Branch Facilities Service Division". LAUSD. Acessed February 20, 2020. https://achieve.lausd.net/domain/34.

The elected LAUSD Board of Education (BOE) must formally pass all policies and major decisions. LAUSD communicates policy changes through official bulletins sent to LAUSD administrative staff, local superintendents, principals, and teachers for implementation. Any new sex education policy proposals will go through this official policy-approval and communication process. Following formal passage, our client maintains contact with health education teachers to communicate additional policy updates and curriculum changes and provide them training and resources.

LAUSD has two BOE policies addressing sexual health education. First, the wellness policy requires comprehensive sexual health education as one of six units within a 90-hour semester-long required education course.[58] This health course must be separate from science and provided to students in 7th and 9th grade by a credentialed health sciences (sex education) teacher.[59] The LAUSD BOE also approved a sex education policy detailing what students should learn in their sex education units. This policy was passed by the LAUSD Board of Education in 2008 and required comprehensive sex education and HIV/AIDS prevention education for all 7th and 9th graders. The policy language addresses the law that preceded CHYA, the California Comprehensive Sexual Health Education and HIV/AIDS Prevention Act (SB 71). In the district policy, comprehensive sex education refers to "education regarding human development and sexuality, including education on pregnancy, family planning, and sexually transmitted diseases."[60] The lack of reference to CHYA-specific priorities and out-of-date nature indicates the need for updates.

Although the official Board policy needs updating to include CHYA requirements, our client has proactively provided access to a new CHYA-compliant curriculum, Positive Prevention Plus (2016). The Positive Prevention Plus (PPP) curriculum is one of six published curricula recommended by the Adolescent Sexual Health Work Group (ASHWG). The curriculum includes scripted lessons, parent-support materials, and other resources for teachers.[61] For students, the curriculum consists of a pre- and post-test, take-home assignments, classroom activities, and student workbooks.[62] District teachers primarily follow this curriculum with some additional resources provided through outside speakers such as Planned Parenthood or similar reproductive health/sex-education organizations. Although the district provides these resources, without a district-wide policy and provision, uptake across schools is limited and inconsistent.

---

[58] LAUSD. "Health and Wellness Policy / Health Education Read More." / Health Education Read More. LAUSD. Accessed February 24, 2020. https://achieve.lausd.net/Page/6792.
[59] Ibid.
[60] LAUSD. "Complying with the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act." Los Angeles Unified School District Bulletin, 2008.
[61] Positive Prevention Plus. "Overview & Features." Positive Prevention PLUS. Accessed February 24, 2020. https://www.positivepreventionplus.com/curriculum/overview-and-features.
[62] Ibid.

As stated in the 2008 Board of Education policy, teachers who teach sex education must be credentialed in health sciences. Teachers can pursue this credential either as a part of a multiple-subject or as a single-subject credential. The health science credential requires competence in both content and pedagogy, through completing a health science credential course and passing the credential examination (CSET) in health science.[63] Teachers may also receive special district authorization if they have completed the necessary health sciences course credits.

In addition to their credential, teachers have the opportunity to receive multiple types of training. The main training pathway is through Positive Prevention Plus and Cardea Services, which provides a two-day curriculum training to first-time teachers. LAUSD also offers in-person, online, and webinar-based topical training led by LAUSD staff or outside organizations, such as Planned Parenthood. Through our research, we strive to understand the realities of the sexual health education landscape within LAUSD and offer recommendations for a practical path forward for better delivery of CHYA mandates by all LAUSD health educators.

[63] California State University Long Beach. “Health Science Credential Program.” California State University, Long Beach, January 21, 2020. https://www.csulb.edu/college-of-education/health-science-credential-program.

RESEARCH DESIGN AND METHODOLOGY

Our team used a mixed-methods approach to collect data from four perspectives: students, teachers, administrators, and outside organizations. We analyzed data collected in the Student-Assessed Sex Education Standards (SASS) Project and our Health Educator Survey to evaluate student and teacher data within a sample of LAUSD schools to establish a baseline from which we could make realistic recommendations. In addition, we gathered an in-depth understanding of sex education policy within LAUSD and how policymaking and the policy implementation process occurs through interviews. Our research also examines other California school districts as case studies expanding our scope of analysis to elicit best practices. The LAUSD External Review Board approved all study protocols.

Student and Health Educator Survey Analysis

To learn from the students' perspective, we analyzed responses from the Student-Assessed Sex Education Standards (SASS) Survey administered in May and June 2019 in nine LAUSD high schools. The SASS project was conducted by Dr. Paula Tavrow and the Bixby Center on Population and Reproductive Health at the University of California, Los Angeles (UCLA).[64]

We also designed a survey with multiple choice-and short-answer questions for health educators to identify significant patterns related to sex education in LAUSD. Once we drafted our initial survey questions, our team applied the Cognitive Interview method, which is often used for "...empirically studying the ways in which individuals mentally process and respond to survey questionnaires."[65] Cognitive interview feedback from our client and a former health educator helped us assess the clarity of response options and refine our questions. We collected 83 responses in total, including 15 at a Planned Parenthood training on December 14th, 2019, and 68 from February 19th to March 11th, 2020.

We coded 10 of the answer categories into variables (See Appendix D). To determine what characteristics contribute to statistically significant differences in the health educators' performance on CHYA topics, we conducted a multivariate ordinary least square (OLS) regression. This analysis used the measures of familiarity with CHYA and confidence in

[64] Results of the Student-Assessed Sex Education Standards (SASS) Project, provided by Dr. Paula Tavrow, not published at this moment.
[65] Lavrakas, Paul J. *Encyclopedia of Survey Research Methods*. 0 vols. Thousand Oaks, CA: Sage Publications, Inc., 2008. doi: 10.4135/9781412963947.

explaining policies as dependent variables and all others as independent explanatory variables in the form of dummy variables. We also conducted further comparisons to identify associations between strong predictors and differences on the local district-level in search of potential policy implications.

Conducting Interviews

We conducted 21 interviews with various key players to understand the perceptions and realities of sex education policy across California, as well as the implementation of and compliance with CHYA (see Appendix A for Interviewee List). We used both purposive and snowball sampling methods to ensure interviewees work directly on CHYA implementation with school districts across the state. We interviewed various California unified school district employees and representatives from several California non-profit organizations and government agencies who offered outside perspectives. These interviews provided us the basis to develop a new district policy to align with CHYA and address the specific needs of LAUSD and information to evaluate the financial and administrative feasibility of implementation and compliance options.

To maintain consistency across interviews, we developed a general interview guide and standard interview request templates. Interview guide questions included an explanation of the interviewee's role, questions regarding their familiarity with CHYA, and thoughts on policy implementation and compliance (See Appendix B for Sample Interview Guide). We included additional questions tailored to an interviewee's specific role and organization when appropriate and ensured each interviewee's confidentiality if requested.

We performed all coding using NVivo software (QSR International, v12) to examine similarities and variations across interviewees. For our analysis, we developed a codebook based on recurring themes and key concepts we identified after reviewing all interview transcripts (See Appendix E).

Data Limitations

One inevitable limitation of our health educator survey analysis is the relatively small sample size that could reduce the stability and generalizability of our findings. We received 83 responses out of 800 - 1000 requests sent via our client's health educator listserv, indicating a response rate ranging from 8.3 - 10.4%. The range reflects the inherent ambiguities in the district's data in identifying the exact number of teachers on the distribution list.

Given the limited data available on compliance with CHYA and the difficulty we encountered gathering responses, the analysis we were able to perform informs our policy recommendations for increased data collection and evaluation to address CHYA compliance, as well as improved communication pathways from district administrators to teachers.

FINDINGS: STUDENT, TEACHER, ADMINISTRATOR, AND OUTSIDE ORGANIZATION PERSPECTIVES

We focus our data collection and analysis on four distinct perspectives on comprehensive sex education: students, teachers, administrators, and outside organizations. Each perspective is integral in examining current practices, gaps between current practices and CHYA requirements, and policy options. This information is crucial in identifying what to include in a new district-wide sex education policy, implementing said policy, and measuring compliance.

The Student Perspective Based on the SASS Survey

As the recipients of sexual health education, students' perspectives are critical to evaluating sex education curriculum content. The student experience provides unique insights that teachers, researchers, and policymakers can use to improve the learning experience and close gaps in content delivery.

Our client provided us with the results from the Student-Assessed Sex Education Standards (SASS) Survey, conducted in LAUSD in 2019 by the UCLA Bixby Center. This one-time research project targeted LAUSD high school students (n=684) who completed sex education no earlier than six months before taking the survey, and assessed how well the current curricula met CHYA standards and how conducive the classroom environments were to learning sex education topics.[66] Our key research findings are detailed below.

(1) **Survey tools are effective.** In a less than 15 minute survey, students can evaluate the quality of their sex education and provide informative comments, which will return usable results for effective data analysis.

(2) **There is variance in the CHYA requirements covered by health educators.** Of the topics assessed, the transmission of HIV/AIDS received the highest percentage (91.8%)

[66] The research team led by Dr. Paula Tavrow identified 22 standards under 5 thematic areas for curricular content (Contraception & Consent, HIV Misconceptions, Gender & Sexual Orientation Stereotypes, Sexual Health Services & Rights, and Harassment, Rape, & Trafficking), and eight items under the classroom environment topics. The researchers administered 684 surveys across 13 schools in May and June 2019, of which 515 were eligible for final data analysis.

of students responding “yes, [the topic was taught] very well,” contrasting to the lowest percentage (66.6%) for long-acting and reversible contraceptives. Two other topics with lower rates of knowledge gained were sex trafficking (71.2%) and the harm of gender stereotypes (72.7%). For topics students considered “not well or thoroughly taught,” comments included references to teachers who rushed through the material, failed to define or thoroughly explain concepts, omitted information, or cast judgment.[67]

(3) **There are School-Level Differences in Requirements Covered by Health Educators.** The most significant school-level differences occurred in the gender and sexual orientation stereotypes category, with 95.2% of students in the highest-performing school in this category indicating content in this area was taught very well compared to 43.7% of students at the lowest-performing school in this category indicating it was taught well. Another gap existed in the thematic area of harassment, rape, and trafficking, with 98.5% of students in the highest-performing school in this category indicating the content was taught very well compared to 51.7% at the lowest-performing school.[68] The researchers suggested the most significant differences between schools were clustered in thematic areas that were newly introduced as curricular topics under CHYA. In contrast, the area with the smallest difference, HIV misconceptions, has been a mandate in health education for many years, highlighting the importance of the early adoption of new CHYA mandates.[69]

(4) **Sex education classroom learning environments vary.** Overall, the questions with the lowest ratings for the classroom environment were if students could ask questions anonymously (only 67.6% responded “yes, definitely”), whether the sex education was engaging (74.1% responded “yes, definitely”), and if there was enough time to absorb the material (76.9% responded “yes, definitely”). There were also significant differences in classroom environment ratings among schools, primarily seen in anonymous questions, safe space, and teachers comfortable with the subject matter.[70] Moreover, the researchers found students identifying as LGBTQ+ rated classroom environments lower than their non-LGBTQ+ peers.[71]

With regards to our project topic, possible implications from the SASS project findings include the following:

[67] Ibid. Page 4., Ibid. Page 8.
[68] Ibid. Appendix B, Table B-1.
[69] Ibid. Page 8.
[70] Ibid. Appendix B, Table B-2.
[71] Ibid. Page 10.

(1) **A student-driven, CHYA evaluation model is cost-effective and administratively feasible.** For this specific survey, the costs were minimal since the survey is completed online in approximately fifteen minutes, and can be administered by teachers during school hours.[72] Administrative costs for staff to analyze the data are difficult to quantify, as an independent research team conducted this project. Regardless, the low survey-administration cost suggests the feasibility of incorporating a similar survey long-term. If all schools participate in such a data gathering process, the district can establish valid baselines, create appropriate benchmarks, and assess overall compliance with CHYA provisions to identify schools and CHYA standards that merit increased attention and guidance.

(2) **School participation is a challenge when administering a large-scale student survey.** The relatively small sample size points to the potential pushbacks within the school system. Eleven of the twenty LAUSD high schools the researchers contacted declined to participate. Reasons for decreased participation included concerns about teacher discomfort, and at least one non-participating school did not offer sex education in any formal sense.[73] The internal reluctance and non-compliance may result in positive bias in the final analysis. This participation level is also a significant potential barrier to implement new policies associated with CHYA.

(3) **There is a district need for increased communication around new CHYA requirements.** Since most identified gaps were in areas new to health educators, these areas should be highlighted in the district-wide policy. LAUSD can use additional bulletins and training to keep teachers updated and to prevent them from skipping topics in the class due to unfamiliarity with policy updates. Further, sex education teachers need sufficient teaching time so they will not be rushed or miss major curriculum components.

(4) **LAUSD needs a standardized curriculum and training for health educators.** Significant school-level differences call for measures, such as a standardized curriculum, training, and even the presence of teachers in each school who can teach this curriculum. These measures will not only improve overall sex education quality in LAUSD but also address equity concerns.

[72] Meeting with Dr. Paula Tavrow, UCLA Fielding School of Public Health. January 22, 2020.
[73] Report on the Results of the Student-Assessed Sex Education Standards (SASS) Project, Page 5.

The Teacher Perspective

Our health educator survey helped us establish a deeper understanding of LAUSD health educators' work and the challenges they face. Although some questions varied in the online form compared to the in-person Planned Parenthood survey because of our client's suggested edits, a majority of the questions were consistent across distribution methods.[74] Due to our sample size, we recognize the limitations in making broad conclusions from our data. However, we found noticeable correlations within the survey data that were consistent with our qualitative interview responses discussed later in this report.

Using the first part of our survey, we collected data on each survey respondents' local school district location, which grade and subject they taught (in addition to health education), and additional questions specific to CHYA-approved curriculum and compliance. This information is critical in identifying and addressing local school district disparities, as well as similarities. Table 1 indicates the general characteristics and makeup of our survey participants. Among the 83 survey participants, the majority (59.0%) teach middle school grades, followed by 34.9% who teach high school. The schools they work for are scattered geographically, covering all six LAUSD local districts. Seven (8.4%) of the health educators teach a self-contained special education class, and 60 educators teach other subjects besides health education, which accounted for 88.2% of those who answered this question. Additionally, teachers with a formal health sciences credential (62.7%) outweighed those without one (37.3%) in our sample.

[74] See Appendix C for full summary of responses.

Table 1 *Descriptive statistics of the participants in the survey*

	n	%
School type[a]		
Elementary school	1	1.2
Middle school	49	59.0
High school	29	34.9
Other or unidentified	4	4.8
School location		
Local District West	8	9.6
Local District Northwest	21	25.3
Local District Northeast	13	15.7
Local District Central	15	18.1
Local District East	17	20.5
Local District South	9	10.8
Teach a self-contained special education class[b]		
Yes	7	8.4
No	61	73.5
Unidentified	15	18.1
Teach other subjects besides health education[b]		
Yes	59	71.1
No	9	10.8
Unidentified	15	18.1
Health Science Credential status		
Not credentialed, including waiver and authorization	31	37.3
Credentialed, including single-subject, multiple subject, and special education	52	62.7
Total	83	100

Note. [a] Question not included in the first round but can be inferred for 13 out of the 15 responses by answers to what grades the educators teach.
[b] Question not included in the first round of survey.

Our survey provides useful insights into current barriers teachers face in effectively implementing CHYA-compliant sexual education. Our findings are summarized below.

(1) **Training, parent engagement, and credential status are strong predictors based on our OLS regression.**[75] For the two performance-related questions asking respondents to evaluate their familiarity with CHYA and confidence in explaining district-wide policies to parents, health educators returned scores that averaged 3.64 and 4.05 respectively, both lying in the middle-upper side of the 5-point scale.[76] To discover the strong

[75] Percentage of parents wanting to discuss sex ed topics as a proxy for parent engagement.
[76] With a 95% confidence interval of [3.35, 3.93] and [3.82, 4.27] respectively, meaning we are 95% confident that the true population means for the two variables lie within those intervals.

predictors of the two variables, we ran the OLS regressions against all potential predictors.

The output reported in Table 2 suggests that holding all else constant, credentialed health educators gave 0.80 points higher on average than those who were not credentialed at the $p<0.001$ level. Compared to those who have never attended any training, health educators who have taken part in training gave significantly higher mean scores regardless of the specific numbers of training they attended. The difference was at least 1.04 points, and the most considerable difference of 1.51 points occurred in the group that participated in more than five training sessions per year. In addition, health educators who had one or two parents wanting to discuss sex education curriculum topics with them are, on average, more familiar with CHYA at the $p<0.001$ level compared to those who had none of the parents wanting to discuss the topics with them. Those who were contacted by almost all of the parents ($B = 1.41$, $p = 0.04$) also exhibited a similar trend of significantly higher familiarity.

Table 2 *Ordinary least square regression predicting health educators' familiarity with CHYA (n = 83, R^2 = .55)*

Variable	Unstandardized Coefficients		Sig.
	B	Std. Error	
(Constant)	1.628	.733	.030
Elementary school	-2.766	1.158	.020**
High school	.538	.328	.107
Local district northeast	-.201	.374	.594
Local district west	.634	.453	.167
Local district central	.245	.401	.544
Local district east	-.102	.394	.796
Local district south	-.527	.437	.232
Credentialed	.798	.280	.006***
Attended less than 1 training per year	1.038	.551	.064*
Attended 1-2 training per year	1.425	.513	.007***
Attended 3-4 training per year	1.068	.572	.066*
Attended more than 5 training per year	1.509	.604	.015**
One or two parents wanted to discuss sex education curriculum topics	.901	.298	.004***
Some of the parents wanted to discuss sex education curriculum topics	-.238	.428	.580
About half of the parents wanted to discuss sex education curriculum topics	.114	.809	.888
Almost all of the parents wanted to discuss sex education curriculum topics	1.406	.651	.035**
Send out a separate notification to the parents about teaching the sexual health program	-.133	.269	.624
Teach a self-contained special education class	-.021	.505	.966
Teach other subjects besides health education	-.001	.456	.998

Note. Baseline groups for multiple category variables are middle school, local district northwest, never attended training, and none of the parents wanted to discuss sex education curriculum topics.

*$p < 0.1$, **$p < 0.05$, ***$p < 0.01$

For health educators' confidence in explaining the district-mandated policies to parents, school type, parent engagement, training, and credential status continued to be strong predictors, as shown in Table 3. Similar to familiarity, health educators who attended training, especially those who attended more than five sessions per year, averaged significantly higher than those who never attended training, holding constant other predictors. Also, health educators with almost all of the parents wanting to discuss sex education with them were more confident explaining CHYA policies on average than

those without parent engagement, giving 1.15 points higher in the mean score at the p<0.05 level. Moreover, controlling for other variables, credentialed health educators gave 0.82 points higher on average at the p<0.001 level compared to those uncredentialed.

Table 3 *Ordinary least square regression predicting health educators' confidence in explaining the district-mandated policies to parents (n = 83, R^2 = .52)*

Variable	Unstandardized Coefficients		Sig.
	B	Std. Error	
(Constant)	2.170	.585	.000
Elementary school	-3.494	.924	.000***
High school	-.094	.235	.691
Local district northeast	.118	.299	.694
Local district west	-.047	.362	.898
Local district central	.065	.320	.840
Local district east	-.266	.314	.401
Local district south	-.353	.348	.314
Credentialed	.820	.223	.000***
Attended less than 1 training per year	1.326	.439	.004***
Attended 1-2 training per year	1.376	.409	.001***
Attended 3-4 training per year	.926	.456	.047**
Attended more than 5 training per year	1.519	.482	.002***
One or two parents wanted to discuss sex education curriculum topics	.444	.238	.067*
Some of the parents wanted to discuss sex education curriculum topics	-.459	.327	.166
About half of the parents wanted to discuss sex education curriculum topics	.636	.646	.328
Almost all of the parents wanted to discuss sex education curriculum topics	1.154	.519	.030**
Send out a separate notification to the parents about teaching the sexual health program	.062	.215	.883
Teach a self-contained special education class	.197	.403	.627
Teach other subjects besides health education	.163	.363	.656

Note. Baseline groups for multiple category variables are middle school, local district northwest, never attended training, and none of the parents wanted to discuss sex education curriculum topics.

*p < 0.1, **p < 0.05, ***p < 0.01

Strong predictors of the variances in the two performance variables at the $p<0.1$ level include school type, parent engagement, training, and credential status.[77] We further examined the trend of these strong predictors to discover possible policy implications.

As shown in Table 4, similar to experience, credentialed health educators were more familiar with CHYA and confident in explaining related policies. Health educators without a formal health science credential (single-subject, multiple-subject, or special education) answered on average with 3.35 on their familiarity with CHYA, compared to an average of 3.81 for credentialed health educators. In terms of confidence in explaining the district-mandated policies, those without a credential provided an average answer of 3.74, in contrast to 4.23 for those with a credential. This gap was statistically significant.

The number of training sessions attended per year also accounted for some variance in the performance variables. The two extreme ends, health educators who never attended any training and health educators who attended five or more training sessions per year, had a difference of up to 2.47 and 1.95 points in the mean score for the two performance variables significant at the $p<0.01$ level.[78] However, the mean scores of those who attended 1-2 training sessions are not statistically different from those who attended 3 or more, suggesting that LAUSD should prioritize ensuring all teachers attend one training. The small differences in outcomes post-initial training suggest additional training and retraining should be supplementary to, not a repetition of, the initial training.

Parents' interactions with health educators were also correlated with differences in performance. Health educators with more than half of parents wanting to discuss sex education with them returned higher average scores for both of the performance variables at the $p<0.05$ level.

[77] Differences in the school type category not included due to limited sample size for elementary school (n=1) and the fact that CHYA does not require elementary school action under the current framework.

[78] Post hoc comparisons using the Tukey HSD test indicated that the significant variance between groups occurred in never attended any training and attended less than 1 training vs. attended at least 1 training per year for familiarity, and never vs. all else for confidence.

Table 4 *Differences in the mean performance scores, categorized by strong predictors*

	Familiarity with CHYA		Confidence in explaining the district-mandated policies	
	Mean	Sig. of Difference	Mean	Sig. of Difference
Credential status				
Not credentialed	3.35	.152	3.74	.043**
Credentialed	3.81		4.23	
Number of trainings per year				
Never	1.80		2.60	
Less than 1	3.06		3.94	
1-2	3.89	.001***	4.20	.006***
3-4	3.81		3.94	
5+	4.27		4.55	
Parent discussion				
Less than half	3.60	.039**	3.99	.000***
More than half	4.20		5.00	

Note. Based on t-test and one-way ANOVA.
*$p < 0.1$, **$p < 0.05$, ***$p < 0.01$

(2) There are differences across local districts. Though the geographic differences are not statistically significant in the regression, probably resulting from the small sample size and variance in response rates by local districts, there are some common trends among the local districts that we believe are worth investigating. As shown in Figures 2 and 3, familiarity with CHYA and confidence speaking to parents about district mandates and policy changes varies by local district. Survey respondents in Local District West reported the highest average score for both variables (4.6 for both), while Local District East reported the lowest average scores (3.31, 3.69). Local district differences could be attributed to a variety of factors, including income, demographic makeup, resource allocation, and educational attainment. However, given the limited data, it is unclear as to what underlying factors drive these variations. Still, differences suggest the need for targeted implementation efforts and widespread compliance to ensure students receive equitable education and access to resources.

Figure 2 *CHYA familiarity by local district*

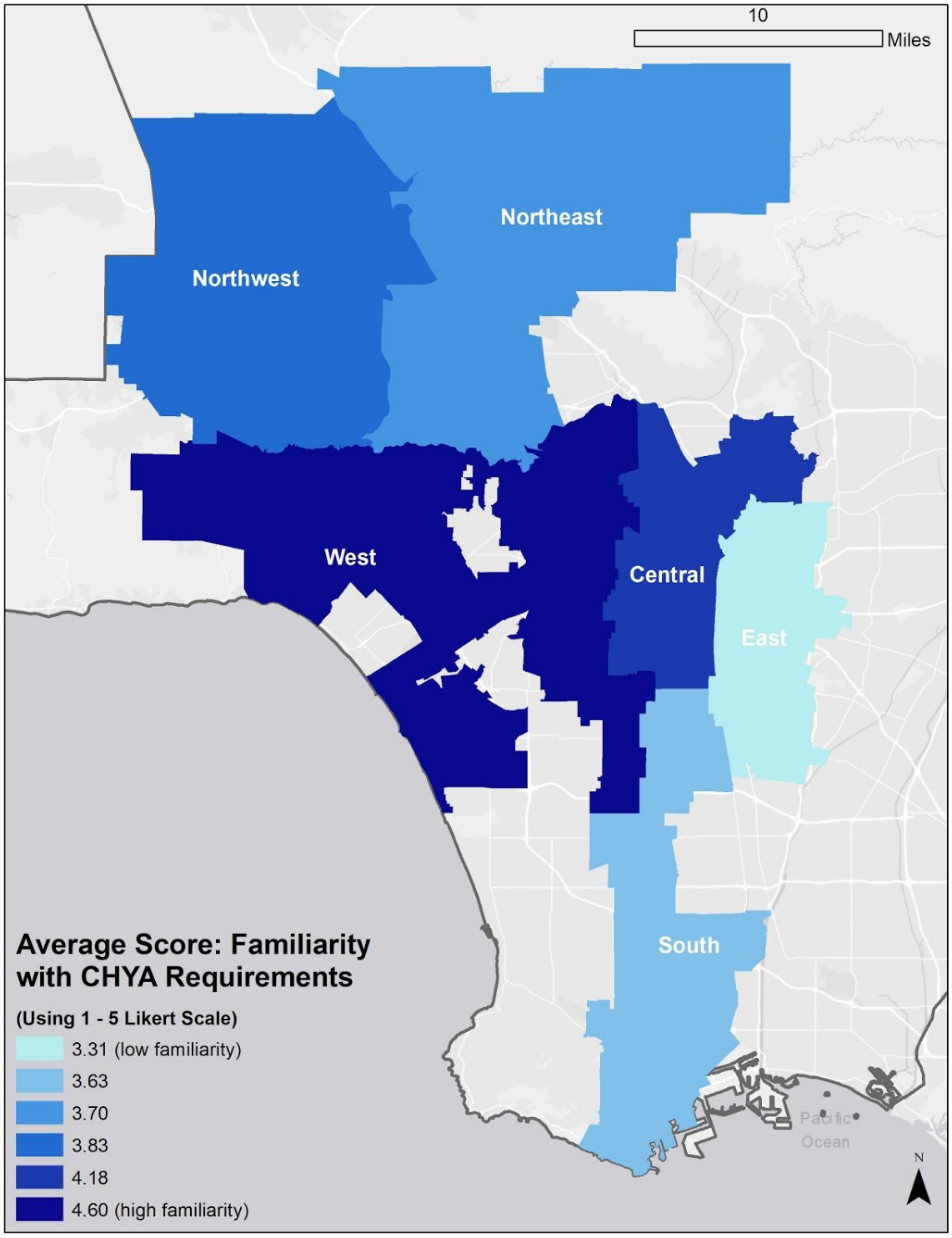
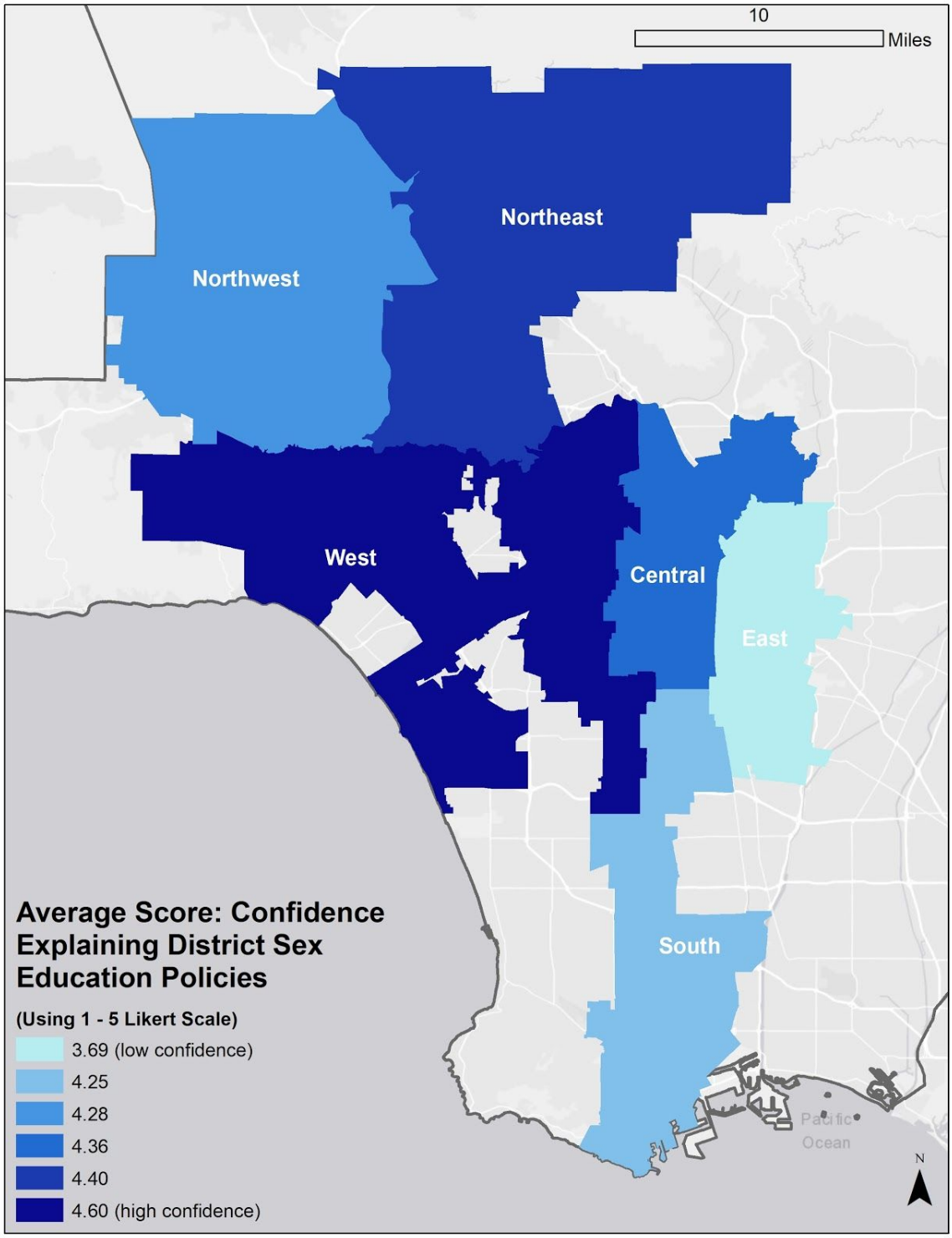


Figure 3 *Confidence speaking to parents on district policies and mandates by local district*



To isolate hurdles teachers face in implementing district policy, we asked teachers the question: **"What resources would be most important to comply with district-wide policy changes in your classroom?"** While the question was open-ended, there were patterns in the teachers' responses. The question was not included in the survey to teachers who attended the Planned Parenthood training; therefore, our sample size is 68.

(1) **Teachers want additional training options.** Among the informants, 27.9% mentioned the importance of improvements to current training sessions. The most common issue cited was weekend training sessions; in fact, 31.5% of those who mentioned 'training' expressed a desire to move training sessions to a weekday. This request implies there is an opportunity to improve teachers' morale as well as teaching preparedness by shifting to weekday training sessions.

(2) **District communication shortcomings are slightly associated with less knowledge of CHYA.** Additionally, 25% of all respondents referenced a need for improved or increased communication from district leadership to teachers. Thus, there is an opportunity to improve district-level administrator communication with teachers. Teachers who expressed a need for enhanced district communication showed a slightly lower level in their understanding of CHYA, answering with a score of 3.35 on CHYA knowledge versus 3.92 for teachers who did not express a need for improved communication. While this differential is small, improved communication techniques could help teachers stay abreast of any shifts in district-wide policy and promote the implementation of CHYA standards for students.

(3) **Teachers want improved curriculum access.** Of health teachers surveyed, 33.8% mentioned the importance of improving access to the curriculum or a need to increase the curriculum supply to educators. Without additional follow up questions, it's difficult to discern precisely to which need they refer. Complicating our analysis, those who responded referencing the need for an improved/access to the curriculum scored higher on their self-reported familiarity with CHYA, 4.0. This number compares against 3.67 for teachers who did not mention the curriculum.[79] One possible explanation for this discrepancy is that teachers who are more familiar with CHYA might have higher expectations for the curriculum itself, and therefore voice their concerns versus teachers who are unaware of curriculum shortcomings. This assumption, however, is an initial hypothesis that requires further research.

[79] See Appendix C for full summary of responses.

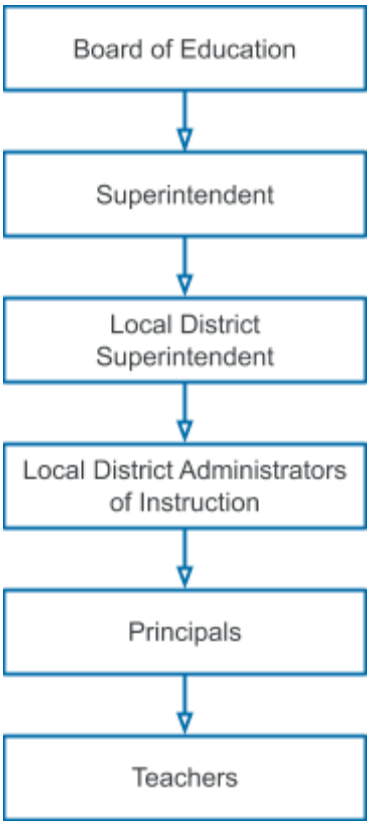
Though further research is needed with a larger sample, our health educator survey findings may support initiatives to increase health credential rates and teacher training offerings to ensure CHYA compliance, as well as include parents in the policy implementation process. The local district-level differences suggest that gaps persist within the district in our survey sample. Whether the differences exist on a larger scale merits further examination. If they do, questions like how to reduce those differences and whether the gaps correlate with other demographic and performance data are also worth answering. Lastly, increased district support and accessibility of information and resources could help improve teacher knowledge and confidence in teaching CHYA-mandated topics to ensure all students in LAUSD receive equitable sexual health education.

The Administrator Perspective

District Administrators lend another invaluable perspective in examining how to create a robust district sex education policy, effectively implement the policy, and institute a compliance plan. Our research addresses this perspective through conversations with our client, who is the sole person responsible for sex education policy and programming in LAUSD. Although other potential LAUSD administrators may have jurisdiction over curriculum, instruction, and policy implementation, due to the district's policies governing research and the necessarily limited project scope, we did not include them in our analysis. Thus, we augment our analysis with administrator perspectives from other school districts in California who are working on similar CHYA policy, implementation, and compliance projects.

As the Project Advisor for the HIV/AIDS Prevention Unit, our client provided invaluable information about writing and implementing sex education policy in LAUSD. The district policy making and implementation processes follow diverging chains of communication. For the official Board of Education (BOE) policy changes, the Board passes the policy and communication flow in a formal, systematic way from the BOE to schools.

Figure 4 *District organizational chart (simplified)*



Following this formal policy making and communication process, the policy implementation process for a new curriculum or health education program falls within the jurisdiction of the Health Education Programs Office. Our client then works directly with health education teachers through email or in-person training.

In creating a sex education policy for LAUSD, we considered communication pathways for both the written policy and implementation/compliance aspects of our policy recommendations. Because the written policy goes through the above organizational chart systematically, our proposed policy must be politically feasible and able to pass a BOE vote. The policy must also have specific language to ensure administrators and schools understand CHYA requirements while addressing the unique perspectives and responsibilities of each of the groups involved.

In addition to our client's perspective, we gathered information on best practices for policy implementation and compliance measures from school district administrators in other large districts in California, including San Francisco, San Diego, and San Juan Unified. In these interviews, several themes arose.

(1) **There is a CHYA knowledge gap between administrators and educators.** Five of the six school district administrators we interviewed recorded a 5 out of 5 on a Likert Scale for "knowledge of CHYA." This understanding contrasts with the survey results from LAUSD health educators. This knowledge gap is one that exemplifies the need for additional training of health educators.[80]

(2) **There is a need for local compliance tracking.** Four of the six district administrators we interviewed expressed there are no CHYA tracking or assessment measures at the state level. Therefore, monitoring must occur at the local level, with districts developing their own tracking measures.[81]

(3) **Funding would help implementation efforts.** Four of the six administrators we spoke with expressed that in a perfect world, state funding would improve the implementation of district-level CHYA-compliant policies.[82]

Interviews with Non-School Organizations and Government Agencies

Beyond conversations with our client and other district administrators, our team sought the perspective of non-profit organizations and government agencies. These interviews helped us gain insight on how best to create a district-wide sex education policy, implement the policy, and institute a compliance plan. Through interview analysis, we identified trends around current sex education policy compliance and implementation processes to inform suggested changes. Our qualitative data analysis consists of 21 interviews, including California district administrators, government officials, non-profit organization employees (see Appendix A). All interviewees work either directly with LAUSD, in organizations that support LAUSD efforts, or with other school districts on CHYA implementation and compliance.

The interviews we conducted included standardized and open-ended questions. Five of the interviewees have been in their current role for more than nine years and eleven for at least three years, indicating substantial experience in the field of sex education before and after the

[80] Interview #11, District Administrator, Large CA Unified School District, February 13, 2020; Interview #15, Paula Baucom, K-12 Program Specialist, Science/Health, San Juan Unified School District, February 26, 2020; Interview #16, Sexual Health Educator, San Diego Unified School District, February 27, 2020; Interview #17, Christopher Pepper, Content Specialist, Health Education, SFUSD School Health Programs, San Francisco Unified School District, February 27, 2020; Interview #18, Scott Gerbert, Director Alameda County Office of Education, February 27, 2020; Interview #20, Susan Temple, Health Education Curriculum Leader, Long Beach Unified School District, March 2, 2020
[81] Ibid.
[82] Ibid.

implementation of CHYA. The interviewees gave a score of 4.8 on average when asked to evaluate their familiarity with CHYA on a scale of 1 to 5, reflecting their in-depth understanding of the law, or at least their confidence in their familiarity with CHYA. The question "On a scale of 1 to 5, how involved are you in working with school districts on implementing CHYA?" also received an overall high mean score of 3.8. This score points to a moderately high level of involvement in CHYA implementation and ensuring CHYA compliance, including interactions with school districts on multiple levels — curriculum, training, community engagement, etc. Finally, the informants returned an average of 3.3 when asked about their satisfaction with the quality of CHYA compliance tracking in their respective California school districts on a 5-point scale.

Overall, the knowledge and experience of the interviewees suggest the importance of strengthening cooperation with outside organizations and other school districts to pursue the new sex education policy. It also gives more context to what we derived from our health educator survey response data. Below are our interview analysis results categorized into general findings (see Appendix E).

(1) **Sexual health education should be prioritized.** Four interviewees from LA County government agencies and non-school organizations mentioned the lack of prioritization of sex education across California.[83] One interviewee noted school administrators should prioritize sex education in the same way they prioritize subjects like math.[84] This prioritization includes training teachers, updating the curriculum, and providing classroom resources.

(2) **Districts need increased school resources.** Our analysis revealed two response sub-sections: cost to the district and curriculum materials and updates. Regarding teacher training, one respondent acknowledged that because CHYA is an unfunded mandate, districts have to work within their existing budgets to achieve compliance.[85]

(3) **Teacher training comes with challenges.** All respondents shared their opinions on teacher training. Those who facilitate teacher training sessions mentioned challenges with

[83] Interview #1, Staff Attorney, ACLU of Southern California, February 3, 2020; Interview #6, Comprehensive Sexual Health Education Specialist, Division of HIV and STD Programs, Los Angeles County Department of Public Health, February 10, 2020; Interview #12, Spokesperson, Planned Parenthood Affiliates of California, Statewide Public Affairs, February 24, 2020; Interview #17, Christopher Pepper, Content Specialist, Health Education, SFUSD School Health Programs, San Francisco Unified School District, February 27, 2020
[84] Interview #6, Comprehensive Sexual Health Education Specialist, Division of HIV and STD Programs, Los Angeles County Department of Public Health, February 10, 2020
[85] "Interview #11, District Administrator, Large CA Unified School District, February 17, 2020."

the caliber of some teachers participating in the training.[86] For example, interviewees shared that Physical Education teachers may not appropriately facilitate sensitive topics such as LGBTQ+ identities and sex trafficking as well as Science or English teachers. Additionally, many informants noted offering paid teacher training would likely increase the number of teachers who attend and increase the frequency in which they do so.

(4) **There are barriers to teaching all sex education topics.** There is pushback around the content based on some parents' personal views and the teachers who teach sex education. Science or Physical Education teachers are not always prepared or do not feel comfortable with sex education material. This discomfort is often around LGBTQ+ conversations, as well as those about sexuality, gender, and intimacy. A few interviewees noted teachers are likely skipping over some pieces of the curriculum, and there is no way to track that behavior.[87] In addition, training is not mandatory, and there is a lack of clarity as to whether teachers are compensated for attending a training session. Districts can pay for the training sessions, and teachers can share curricula rather than the schools having to purchase one curriculum per teacher. There is no way to communicate these changes to the teachers because some companies that distribute CHYA-approved curricula only have contact information for the administrator who bought the curricula, not the health educator who is teaching the content in the classroom.[88] Subsequently, small changes every year are sometimes missed by teachers, and when materials are updated, there is a severe lack of communication and awareness.

(5) **Opinions on how districts should adhere to CHYA can vary.** There is some disagreement on how schools may adhere to CHYA, use it as a guide, or adapt CHYA-compliant curricula to their preferences and beliefs, causing potential bias.[89] Recurring problems include the inability to assess adherence to CHYA within the classroom and high teacher turnover, which disrupts CHYA training sessions or retraining.[90]

(6) **Curriculum compliance is challenging to assess.** The ACLU is the organization currently monitoring compliance, and through public records requests, it can establish a point-in-time compliance level, not annually recurring. Interviewees agree there is a lack of monitoring that leaves much up to teachers, who may add their own bias or inadvertently

[86] Interview #9, Author and Publisher, CHYA-Approved Evidence-Based Curriculum in California, February 11, 2020
[87] Interview #1, Staff Attorney, ACLU of Southern California, February 3, 2020; Interview #6, Comprehensive Sexual Health Education Specialist, Division of HIV and STD Programs, Los Angeles County Department of Public Health, February 10, 2020
[88] Interview #9, Author and Publisher CHYA-Approved Evidence-Based Curriculum in California, February 11, 2020
[89] See Appendix B for Standardized Interview Questions
[90] Interview #5, Sexual Health Educator, Oakland Unified School District, February 10, 2020; Interview #14, Jennifer Chou, Reproductive Justice & Gender Equity Attorney, ACLU of Northern California, February 25, 2020

skip parts of the curriculum. Additionally, there has not been an official Positive Prevention Plus (PPP) curriculum review since 2016, and there is new material, training, and language changes that occur each year.[91]

(7) **There is a lack of compliance-tracking in LAUSD.** The two Department of Children and Family Services representatives we interviewed agreed that outside DCFS and SB89 requirements for foster youth, there is no attempt to track what, if any, sex education non-foster youth students are receiving.[92] When DCFS collects the information to comply with SB89, they gather it at the school or district level. Any form of digital tracking technology is nonexistent, as attempts at monitoring and tracking are often done on paper forms and shared via facsimile.

Interviewees suggested compliance tracking at the state level, in addition to designating a position within the California Department of Education assigned to monitor and report on compliance. Two interviewees recommended a district budget dedicated to funding teacher training and paying teachers to attend training.[93] Additionally, one interviewee noted pre- and post-curriculum student evaluations of the sex education courses provided at their respective schools would be an effective method to track compliance.[94]

[91] Interview #9, Author and Publisher CHYA-Approved Evidence-Based Curriculum in California, February 11, 2020
[92] Interview #3, Representative, LA County Dept. of Children Family Health Services, February 6, 2020; Interview #4, Representative, LA County Dept. of Children Family Health Services, February 6, 2020
[93] Interview #6, Comprehensive Sexual Health Education Specialist, Division of HIV and STD Programs, Los Angeles County Department of Public Health, February 10, 2020
[94] Interview #11, District Administrator, Large CA Unified School District, February 17, 2020

NEW DISTRICT POLICY AND MESSAGING RECOMMENDATIONS

Given our analysis and the clear directive from our client to draft a new, district-wide sexual health education policy that is compliant with CHYA, we developed a policy (see Appendix F) that includes the following components:

1. Language addressing all CHYA requirements
2. Language affirming the LGBTQIA+ experience
3. Language addressing Foster Youth
4. Language addressing student rights
5. Language addressing parent notifications and parent rights
6. Language addressing sex trafficking

This policy must be reviewed by the LAUSD legal team and approved by the LAUSD Board of Education. Ensuring policy transparency, clarity, and language accessibility are the top three priorities for effective messaging laid out by our client and informed by our interviews. Transparency refers to the level in which the policy and resources are available for viewing, while clarity addresses ease of understanding for the average reader. By ensuring the LAUSD CHYA-compliant sex education policy is clear and accessible, we can promote increased effectiveness and reduce confusion. LAUSD can achieve these goals by streamlining the LAUSD Health Education Program website for ease of navigation and access to information. Finally, the policy and attachments must be available in both English and Spanish since 161,484 of LAUSD students are English Learners, and 93.4% of English learners come from Spanish-speaking homes.[95]

In addition to clear messaging, we recommend LAUSD pilot a parent-curriculum review night in local districts where health educators noted no parents, or few parents, reached out to them to discuss the sex education curriculum. The intention behind this strategy is to introduce a new program in a local district that receives little to no pushback from parents. If parents and health educators approve of the pilot program, then we recommend our client roll out the program to the remaining local school districts. Two school districts and one informant from the Orange

[95] "Los Angeles Unified School District." LARAEC. Accessed February 7, 2020. https://laraec.net/los-angeles-unified-school-district/.

County Department of Education suggested this best practice strategy.[96] Hosting a closed-door meeting, not available to the general public, would provide parents the opportunity to read the curriculum thoroughly and ask questions to the educators. We also found similar programs successful in Orange County school districts where review opportunities increased parent support of the curriculum and disincentivized parents from opting their children out of sex education.[97]

[96] Interview #20, Susan Temple, Health Education Curriculum Leader, Long Beach Unified School District, March 2, 2020; Interview #11, District Administrator, Large CA Unified School District, February 17, 2020; Interview #19, Dareen Khatib, Administrator, Health and Wellness, Student Achievement and Wellness, Educational Services Division, Orange County Office of Education, February 28, 2020

[97] Interview #19, Dareen Khatib, Administrator, Health and Wellness, Student Achievement and Wellness, Educational Services Division, Orange County Office of Education, February 28, 2020

IMPLEMENTATION AND COMPLIANCE OPTIONS FOR RECOMMENDED POLICY

The policy and messaging explained above are required by law; however, there are various ways to facilitate successful implementation and measure compliance. The following options outline strategies to ensure that all students in LAUSD receive equitable CHYA-compliant education, all teachers and administrators have sufficient support to implement the policy, and all schools comply with policy requirements. Due to the lack of data, making empirical projections regarding the effectiveness of options is not possible. Therefore, informed by our research, interviews, surveys, and student-reported data, we introduce options that could be an improvement to the status quo and could be effective relative to the lack of action currently being taken. To best serve our client, we do not suggest options for implementation that are not supported by our research findings (see Appendix G for additional options).

Implementation Options for CHYA-Aligned Policy and Curricula

Implementation options refer to how LAUSD can effectively implement the new CHYA-compliant sex education policy by providing information, resources, and support to teachers and students.

Collect current, district-wide data; keep and maintain records.

The goal of this option is to establish a record and baseline understanding of the needs and realities of sex education teachers to inform district decision-making so schools can effectively implement CHYA. This option would require our client to collect the following information:

1. Number of health educators within each local district
2. Health educator credential status
3. Number of curriculum binders and workbooks distributed to each local district
4. Updated teacher contact information
5. Information on the number of training sessions teachers attended, frequency and recency

Our client could establish a repository for this information and create listservs for health educators by each local district, which could help LAUSD provide targeted support for each local district's needs.

This option also encourages the use of existing research to inform effective CHYA implementation. Our client could collate CDC health data and the YRBS surveys along with his data collection efforts into a document to share with school administrators. Streamlined data could help highlight the required action on the part of parents, school boards, administrators, and teachers and inform implementation efforts to better support teachers to reach students with tools for healthy attitudes, healthy behavior, and positive development.

Assess availability and ensure the circulation of CHYA-compliant curriculum to teachers.

The curriculum is the primary resource provided to teachers and the basis for every CHYA-compliant lesson students receive. However, 30% of teachers in our survey noted they do not always have access to the Positive Prevention Plus curriculum binder and student workbook.[98] Ensuring each teacher has adequate curriculum access could help all students receive CHYA-aligned sex education. Our client could circulate an online survey or collect information at teacher training sessions regarding what curriculum edition teachers have and what resources they still need. Textbooks and materials will need to be updated as often as the curriculum writers update the content, which is historically once every 2-8 years.

Move First-Time, Sexual Health Educator Training to Contracted Weekdays.

LAUSD could offer Positive Prevention Plus training to teachers during the school week rather than the current weekend training schedule. We found that other districts, such as San Juan Unified and San Diego Unified, offer a substitute so teachers can attend training sessions during the week, which increases the number of teachers who attend compared to weekend sessions. [99] Almost 15% of respondents from our survey confirmed this request, seeking additional paid training, ideally hosted during the week.[100]

Require Single Subject or Multiple-Subject Health Science Credentials for all Sexual Health Educators.

Our survey revealed teachers with a health science single-subject or multiple-subject credential are more likely to be familiar with CHYA and tend to have a higher confidence level in speaking to parents about CHYA requirements. This connection suggests that requiring teachers to secure an official California Health Science Credential as opposed to special authorization could

[98] Note: Data was obtained from the Health Educator Survey responses. Of the 68 responses, 21 health educators mentioned needing access to the PPP curriculum binder and workbook.
[99] Interview #15, Paula Baucom, K-12 Program Specialist, Science/Health, San Juan Unified School District, February 26, 2020; Interview #16, Sexual Health Educator, San Diego Unified School District, February 27, 2020
[100] Note: Data was obtained from the Health Educator Survey responses. Of the 68 responses, 10 health educators mentioned needing access to the PPP curriculum binder and workbook.

increase these outcomes. LAUSD could validate this requirement upon hiring new teachers and assigning existing teachers to teach sex education topics each year.

Change course scheduling in middle school to include a one-semester block for the health course.

Our client indicated that California science requirements limit time previously dedicated to health education. When California adopted the Next Generation Science Standards (NGSS) in 2013, science requirements combined and split across 6th, 7th, and 8th grades, virtually eliminating the health semester.[101] These three full years of science mean that schools must often repurpose a scheduling block previously given to health.[102] Sex education is often compressed into physical education, lunch, free-time, sessions before and after school, or erased from the schedule. If LAUSD adopted a schedule change, they might have to adjust timing in other courses or the school day; however, it could demonstrate to students, teachers, and parents the importance of CHYA and give educators the time and space to teach required topics.

Options for Compliance with CHYA-Aligned Policy and Curricula

Compliance options refer to how LAUSD could track and measure CHYA compliance across schools and students to identify gaps and assess where additional resources may be required to support effective policy implementation. Given the current lack of compliance measurement we identified through our research, strategies for compliance are crucial to efforts by ASHWG, the California Department of Education, ACLU, and other organizations to track CHYA compliance going forward.

Implement a compliance tracking system at the school, classroom, or student level.

A tracking system for compliance could be at the school, classroom, or individual student level. For a school-based compliance system, assigned administrators at each school could log which parts of the curricula students receive each year. San Francisco Unified School District uses such a method requiring school administrators to provide information on if they teach comprehensive sex education, what curriculum they use, what teachers teach the subject, and how many students they reach.[103] However, this evaluation does not include checks on specific CHYA requirements. SFSU reported success with this system, so if LAUSD were to implement such a system and also require schools to report on CHYA topics covered, this option could

[101] Next Generation Science Standards: California. Accessed from: https://www.nextgenscience.org/california
[102] California *Education Code* Section 51225.3 (a)(1)(C)
[103] Interview #17, Christopher Pepper, Content Specialist, Health Education, San Francisco Unified School District, February 27, 2020

provide a mechanism to track CHYA compliance. LAUSD could create a cross-school, online LAUSD platform, or a password-protected and shared Excel document for these tracking efforts.

Tracking compliance at the classroom level, implemented in Long Beach and San Diego Unified, would require each sex education teacher to complete a form detailing the number of classes they teach, course timing, and topics covered in each class.[104] This system could help LAUSD obtain an accurate teacher count, track when students are receiving CHYA-compliant education, and incentivize teachers to teach all subjects.

Finally, seven of our interviewees suggested a student-level tracking system as the ideal solution to compliance tracking to assess any differences between what students learn in the classroom and what is planned or outlined in the curriculum.[105] LAUSD could create a codified system to track each student across LAUSD (via student ID). Individual student tracking would allow the district to follow each student's educational path regardless of which school they attend. LAUSD could track student education using paper files, online files, or via a student-accessible app. As approximately 95% of teenagers have access to a smartphone, this approach could enable schools to track class attendance and student understanding of curricula via mobile quizzes.[106]

Compliance tracking through any of these methods could help LAUSD understand how well schools and teachers implement CHYA requirements and assess if additional resources are needed to ensure students receive the education the law requires. With this option, LAUSD can determine its compliance with CHYA to prepare for future compliance tracking efforts by the California Department of Education or outside groups like the ACLU.

---

[104] Interview #15, Paula Baucom, K-12 Program Specialist, Science/Health, San Juan Unified School District, February 26, 2020; Interview #16, Sexual Health Educator, San Diego Unified School District, February 27, 2020.
[105] Interview #1 Staff Attorney, ACLU of Southern California, February 3, 2020; Interview #3 Representative, LA County Dept. of Children Family Health Services, February 6, 2020; Interview #4 Representative, LA County Dept. of Children Family Health Services, February 6, 2020; Interview #6 Comprehensive Sexual Health Education Specialist, Division of HIV and STD Programs , Los Angeles County Department of Public Health, February 10, 2020; Interview #15 Paula Baucom, K-12 Program Specialist, Science/Health, San Juan Unified School District, February 26, 2020; Interview #20 Susan Temple, Health Education Curriculum Leader, Long Beach Unified School District, March 2, 2020; Interview #21Gabriela Lopez, Vice President, San Francisco Board of Education, March 9, 2020
[106] Anderson, Monica, and Jingjing Jiang. "Teens, Social Media & Technology 2018." Pew Research Center: Internet, Science & Tech. Pew Research Center, December 31, 2019. https://www.pewresearch.org/internet/2018/05/31/teens-social-media-technology-2018/.

Include CHYA compliance in the existing Western Association of Schools and Colleges (WASC) accreditation audit.

Every three years, when WASC conducts school audits, they could include a CHYA compliance component to the accreditation requirements, which would remove the monitoring and reporting responsibility from LAUSD. This option shows promise, given interviews suggesting ways such as this to ease the burden on schools for compliance tracking.[107] However, the three year time period may provide challenges and a lack of granular data for the district to be able to learn about compliance deficiencies and make the necessary updates on time.

[107] Interview #11, District Administrator, Large CA Unified School District, February 10, 2020.

EVALUATION OF IMPLEMENTATION AND COMPLIANCE OPTIONS

Criteria

We measure implementation and compliance options against three criteria: whether or not the policy option is in our client's jurisdiction, cost, and administrative feasibility.

Client Jurisdiction

This criterion assesses if the option is within our client's scope of work, or if it would require advocacy to other LAUSD departments or state government. Because CHYA is a coordinated statewide effort and unfunded mandate, many options fall outside of our client's scope of work. However, addressing these options through advocacy efforts could help implement a CHYA-compliant policy and measure compliance. We measure this criterion knowing the role and capacity of our client.

Administrative Feasibility

Administrative feasibility addresses the administrative effort each policy option requires. We rely on our knowledge of our client's scope of work to assess what options may need additional administrative support. Similar efforts in other districts also inform this measure by examining the administrative support they required. We assess administrative feasibility as a binary measure in that options either fall within our client's current responsibilities and can be completed with current staffing levels, or require additional administrative effort or staff.

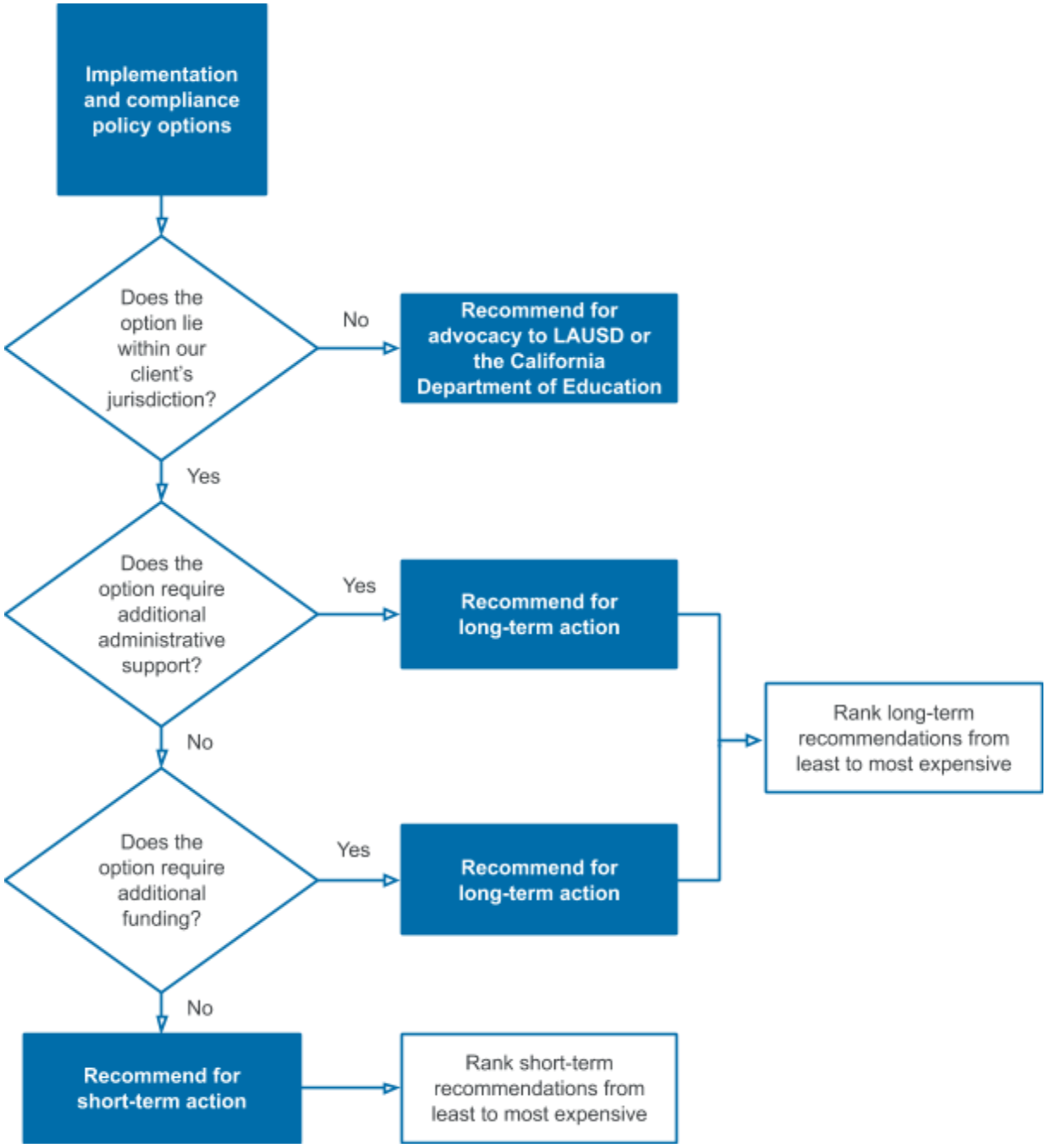
Cost

Cost encompasses the financial investment needed to execute policy implementation options and create a mechanism to track school compliance with the district sex-education policy. Each cost estimate includes costs incurred by each school or the district to provide the necessary tools and resources for implementation and compliance. We also include hiring costs for additional staff in this criterion. We use cost as a binary measure for ease of evaluation by identifying if our client can execute the policy option using the current budget or if it requires additional funding.

Criteria Evaluation Process

The following diagram details the decision-making process for evaluating our policy options using the above criteria to make recommendations in the short-term and long-term, and for additional advocacy efforts.

Figure 5 *Policy Evaluation Flowchart*



We first assess if the option lies within our client's jurisdiction. Those that fall outside his scope of work are designated as recommendations to advance for consideration at the district-level or statewide at the California Department of Education. For options within our client's jurisdiction, we determine if the option requires additional administrative staff. Each option can either be accomplished with the current LAUSD administrative staff or requires additional staff. Next, we assess if the option requires additional funding. We categorize the cost of each implementation option into two buckets; no additional cost, and additional cost. Some options will be entirely feasible within LAUSD's existing budget, and others will require funding beyond what is currently available. Based on these assessments, we recommend short- and long-term recommendations. Short-term options do not require additional funding or staff, while long-term options require additional funding or staff.

Finally, to prioritize recommendations, we rank short-term and long-term options by cost from least expensive to most expensive. Because CHYA is an unfunded mandate, we prioritize cost to ensure our client can take immediate action on our recommendations with minimal funding requirements.

Criteria Evaluation for Implementation Policy Options

The following narrative assesses each implementation option using the client jurisdiction, cost, and administrative feasibility criteria in our policy decision flowchart (Figure 5).

Collect current, district-wide data; keep and maintain records.

Client Jurisdiction: Our client has jurisdiction over this option as his office is responsible for communication to sexual health educators and has collected much of the sex education and health-related data from students over the years.

Administrative Feasibility: Our client will likely need additional administrative or support staff, given the strenuousness of his role.

Cost: This option is a low-cost option given that many reports and data collected by LAUSD, its affiliates, and local organizations already exist. If our client decides to hire support staff to manage this data, there would be hiring costs.

Ensure the circulation of district-adopted, CHYA-compliant curriculum to teachers.

Client Jurisdiction: This option falls within our client's jurisdiction, given that he manages health education programs for LAUSD, including curriculum adoption and teacher support services.

Administrative Feasibility: LAUSD and the Health Education Programs Office already provide curriculum supplies to teachers when new editions are released. Although it seems from our research with health educators that there are some gaps in this distribution, once these are identified, this task would still fall under the office's jurisdiction, so no additional administrative staff is required.

Cost: LAUSD is supposed to provide each health teacher access to one curriculum binder and one student workbook, which teachers photocopy for their students. The cost of providing one curriculum binder plus one workbook for every teacher is $337 per teacher.[108] In our health educator survey, 23% of respondents did not have adequate access to the curriculum. Assuming our health educator survey is representative of the entire health educator population (800 -1000 teachers), our client would need to purchase 184 - 230 additional curriculum binders and workbooks.[109] Therefore, buying these additional curriculum supplies would cost our client an additional one-time $43,608 - $54,510.[110] However, our client's CDC grant already covers curriculum materials, so this option should not require additional funding.

Move First-Time Sexual Health Educator Training to Contracted Weekdays.

Client Jurisdiction: Our client already manages teacher training, timing, and teacher payment, so he would continue to do so with this option.

Administrative Feasibility: Additional staff is required, as LAUSD would need to hire substitute teachers.

Cost: Two-day, Positive Prevention Plus training for sex education teachers costs $6,000 for 35 participants per training session regardless of whether it is on a weekend or weekday. In addition, teachers receive $450 (at $25/hour) to attend a two-day weekend training. If the training is during the week, the district pays $507/day or $1,014 total for a substitute teacher. Thus, moving training to the weekday would increase current training costs by $564 per teacher per two-day training.[111] Given LAUSD suggests teachers attend training every 3-5 years in their

[108] "Positive Prevention Plus Store." Positive Prevention Plus. Accessed February 26, 2020. http://4420--pp.rocketquotes.com/storefront/?r=1&i=.
[109] Total number of teachers provided in a range given limited district data; Number of teachers x Percent needing curriculum = Total curriculum needed; 800x0.23=184; 1000x0.23=230
[110] Total curriculum needed x Curriculum cost = Total curriculum cost; 184*$337=$43,608; 230*$337=$54,510
[111] Weekday cost ($1,014) - weekend cost ($450) = additional cost of moving training to the weekday ($564)

role, and there are approximately 800-1000 sexual health education teachers, this policy option would cost an *additional* average of $90,240 - $188,000[112] yearly compared to weekend training.

Require Single Subject or Multiple Subject Health Science Credentials for all Sexual Health Educators.

Client Jurisdiction: Credential review is not under the health education program office's jurisdiction, so our client would have to work with other LAUSD departments and with teachers to track sex education teacher credential status.

Administrative Feasibility: Currently, the district does not have a way to assess how many teachers are teaching sex education. This assessment must be completed first, and then identifying credential status can follow. The credentialing department can undertake this project, or our client can track credential status at teacher training sessions, so no additional staff is required.

Cost: Teachers must complete the course requirements to meet credential eligibility and pass the health science credentialing test to obtain a health science credential. According to the California Commission on Teacher Credentialing, a new single-subject credential costs approximately $416 (credential application fee, associated certificates, fingerprint scan, and a filing fee).[113] Traditionally teachers cover their own educational and credentialing costs, but we recommend LAUSD cover these costs to reduce the burden on teachers.

Change course scheduling in middle school to include a one-semester block for the health course.

Client Jurisdiction: This option is not within our client's jurisdiction as he is not a lead decision-maker on academic scheduling within LAUSD. Major decision makers for scheduling include state and local legislators, LAUSD Board of Education members, and LAUSD superintendents.

Administrative Feasibility: No additional staff is required for this option. However, the school board, administrators, and state/local level officials will need to be involved as they determine middle school schedules. Schedules depend on space, time, staffing, student volume, and

[112] Low Estimate (800 teachers training every 5 years): (800 teachers x $564)/5 years = $90,240; Low Estimate (1000 teachers training every 5 years): 1,000 teachers x $564)/5 years = $112,800; High Estimate (800 teachers training every 3 years): (800 teachers x$564)/3 years = $150,40; High Estimate (1000 teachers training every 3 years): (1,000 teachers x $564)/3 years = $188,000

[113] "Fee Schedule Information." ctc.ca.gov. California Commission on Teacher Credentialing. Accessed February 27, 2020. https://www.ctc.ca.gov/docs/default-source/leaflets/cl659.pdf?sfvrsn=4.

academic requirements. Highlighting this issue is the first step. Still, eventually, the science requirement would have to change to include a CHYA-compliant health curricula segment, or the science requirements reduced to allow for the health semester to exist once again in middle school for all LAUSD students.

Cost: This is a no-cost option as scheduling is based on state laws and science requirements.

Criteria Evaluation for Compliance Policy Options

We evaluate each compliance strategy below by assessing client jurisdiction, cost, and administrative feasibility, using the policy decision flowchart (Figure 5) to ensure LAUSD can measure CHYA compliance across schools and students.

Create a compliance tracking system at the school, classroom, or individual student level.

Client Jurisdiction: Given our client's work managing all sexual health programs and working with health educators and administrators, his office could initiate this effort. Our client would work with other LAUSD departments, sex education teachers, school principals, and possibly local superintendents to deploy any variation of this option.

Administrative Feasibility: Creating a compliance tracking system at any level (school, classroom, or individual student) requires substantial additional administrative effort because there is currently no such mechanism to use as a building block. Compliance tracking would require additional staff to develop the tracking tool and regularly track compliance across each school/classroom/individual. For an individualized tracking system, if the tool is adapted from the SASS methodology, its development will require less additional staff than creating a brand new evaluation method. However, staff will be needed to collect student data, track responses, and analyze trends. For the school- and classroom-based methods, additional administrative effort (but not additional staff) is required on the part of school administrators and teachers. For the school-based method, administrators of each school would need to compile information on the curriculum taught. On a classroom-level, teachers will need to take time to document their lessons, but this should not require additional hiring.

Our client could develop this compliance system as part of a pilot program in one local district or a small group of schools to ease the administrative burden for the selected tracking method and fine-tune the process before rolling out to all LAUSD schools.

Cost: A tool for tracking compliance at the school level would be free by using MS Excel or pre-existing web software. However, hiring the necessary staff to develop the tool and manage compliance tracking would necessitate hiring and salary costs. Creating a form or survey at the classroom level will not require additional funding as it can be created online and distributed to teachers via email. An individual student level tracking tool would require additional funding ranging from low-cost options using online forms to high-cost options like creating a web-based application or smartphone app. However, if this tool were to be modeled after the SASS survey, costs could remain low since this tool already exists and has proven successful in assessing what students learned in their sexual health education courses. There would also be hiring costs for the staff needed to collect student data, track responses, and analyze trends.

Include CHYA compliance into the existing Western Association of Schools and Colleges (WASC) accreditation audit.

Client Jurisdiction: This option does not fall into our client's jurisdiction as the WASC is not an LAUSD entity, so it would require advocacy efforts to implement.

Administrative Feasibility: This option requires minor administrative effort in that staff would be needed to gather information on CHYA compliance for the accreditation audits. However, since the audits occur once every three years and staff already dedicate time to auditing efforts, additional staff is likely not needed.

Cost: Since the compliance tracking would be outside of LAUSD's scope, this option does not require additional district funding.

Criteria Evaluation Summary for Implementation and Compliance Options

Table 5 *Criteria Evaluation Summary*

	Client Jurisdiction	Administrative Feasibility	Cost
Collect current, district-wide data; keep and maintain records	Yes	Additional administrative support required	Additional funding required - cost of hiring additional staff
Ensure the circulation of district-adopted, CHYA-compliant curriculum to teachers	Yes	No additional administrative support required	No additional funding required - $43,608 - $54,510 for curricula covered by CDC grant
Move First-Time Sexual Health Educator Training to Contracted Weekdays	Yes	Additional administrative support required	Additional funding required - $90,240 - $188,000 annually
Require Single Subject or Multiple Subject Health Science Credentials for all Sexual Health Educators	No	No additional administrative support required	Additional funding required. $416 per teacher for credentialing (one-time cost)
Change course scheduling in middle school to include a one-semester block	No	No additional administrative support required	No additional funding required

for the health course			
Create a compliance tracking system at the school, classroom, or individual student level	Yes	Additional administrative support required	Additional funding required - low-cost options for school-level and classroom-level tracking, low- to high-cost for individual-level tracking
Include CHYA compliance into the existing Western Association of Schools and Colleges (WASC) accreditation audit	No	No additional administrative support required	No additional funding required - the audit is outside of LAUSD scope

IMPLEMENTATION AND COMPLIANCE RECOMMENDATIONS

Based on cost and administrative requirements detailed in our policy criteria evaluation, we identified our short-term, long-term, and advocacy recommendations for CHYA policy implementation and compliance ranked by cost.

Implementation Recommendations

Short-Term Recommendations

1. Ensure the circulation of the CHYA-compliant curriculum.

Long-Term Recommendations

1. Collect current, district-wide data; keep and maintain records.
2. Move first-time sexual health educator training to weekdays.

LAUSD or State Advocacy Recommendations

1. Change the course schedule in middle school to include a one-semester block for health.
2. Require single-subject or multiple-subject credentials for all health educators.

Compliance Recommendations

Long-Term Recommendations[114]

1. Create a compliance tracking system at the school, classroom, or individual student level.

LAUSD or State Advocacy Recommendations

1. Include CHYA compliance into the Western Association of Schools and Colleges (WASC) accreditation audit.

[114] We do not have short-term compliance recommendations as compliance tracking requires additional administrative effort and funding.

Funding Recommendations for Long-Term Options

To execute successfully any of our long-term options, LAUSD would need additional funding. Informed by interviews with government agency representatives, we offer two funding recommendations. First, our team recommends LAUSD work alongside ASHWG to request additional funding from the California Department of Education for sexual health education programming and policy implementation. A dedicated budget for CHYA could cover the costs associated with CHYA implementation, including circulating the curriculum, increasing the number of teacher trainings offered, and hiring additional staff.

Second, we recommend our client advocate for LAUSD funding explicitly designated for the development and adoption of a compliance tracking strategy. Given the small size of the LAUSD Health Education Programs Division, compliance tracking options may not be feasible without additional staff or financing. Our client could request funding to collect data on the quality of information taught in the classroom, consistency of teaching across schools, and teachers' delivery of the curriculum content.

CONCLUSION

The California Healthy Youth Act (CHYA) sets ambitious requirements for schools to provide comprehensive sex education that is medically accurate, age-appropriate, and unbiased to any sex, gender, sexual orientation, race, or ethnicity. Comprehensive sex education promotes healthy relationships and behaviors, and supports students in fostering positive attitudes about themselves and their relationships. This project provides guidance for LAUSD to increase equitable access to, and distribution of, this mandated, affirming, and positive information for all students.

Through student and health educator surveys and 21 in-depth interviews with individuals heavily involved in CHYA implementation and compliance efforts, we developed a deep understanding of the challenges facing districts as they attempt to implement CHYA and become compliant with its mandates. Informed by this research, we produced a new LAUSD policy that includes the changes necessitated by the 2016 California Healthy Youth Act (CHYA), and we provided suggestions to make all new adjustments and policy changes widely available to students, teachers, and parents. Our team also developed recommendations for the successful implementation of the new policy and compliance-tracking strategies that take LAUSD's unique demographics and challenges into account.

To improve current implementation efforts in the short-term, we recommend that our client ensures teachers have access to the most updated curriculum resources. Long-term, our client can explore expanding data-collection efforts to keep and maintain records and move sexual health educator training to weekdays. Our client can also advocate for LAUSD to alter middle school course scheduling to include a semester of health and require all health educators to have a single-subject or multiple-subject health science credential. By providing schools and teachers with the resources necessary to implement the new CHYA-aligned policy, LAUSD can better support students' healthy development and ability to make informed decisions about their behavior and choices.

The ACLU and the California Department of Education are beginning to push for state-wide compliance with CHYA. Therefore, LAUSD should prepare for imminent changes to compliance mandates through increasing internal compliance-tracking efforts. In the long-term, our client can adopt either a school-level, classroom level, or individual student compliance-tracking system. Our client can also work with LAUSD and the California Department of Education to

include CHYA compliance in the Western Association of Schools and Colleges, and request additional funding to support compliance-tracking efforts.

The California Healthy Youth Act initiates progressive changes to sexual health education, and, in the long-term, we believe it will yield positive impacts on student and community health. The existing data on the health effects of comprehensive sex education are positive, but they are still excruciatingly limited. Therefore, we believe that a district-wide effort, starting now, to collect robust data on the effectiveness of CHYA will be fundamental in evaluating the impact of this law on student health outcomes. LAUSD will be able to better understand, measure, and extrapolate this policy's broader impact on student health when district policy becomes compliant with CHYA mandates and equitable CHYA implementation occurs across schools with compliance metrics in place.

California is and has always been a progressive leader. We hope that, as the largest school district in California and the second-largest in the nation, Los Angeles Unified School District will continue its legacy of leadership in sex education by building on existing CHYA-implementation efforts with a focus on equitable access and a commitment to inclusion. In the age of cyberbullying, sky-high STI rates, rising teen suicides, and political battles over abortion, California — and LAUSD specifically — has the opportunity to be the national leader in comprehensive sexual education and to forge the path the rest of the country will follow.

APPENDIX A - INTERVIEWEE LIST

Interviewees listed in order of interview date. Some names and specific roles excluded at the request of the interviewee.

Table 6 *Interviewee List*

	Interviewee	Interview Date	Interview Length
1	Staff Attorney ACLU of Southern California	Monday 2/3/20	60 min
2	Associate Health Connected	Thursday 2/6/20	45 min
3	Representative LA County Dept. of Children Family Health Services	Thursday 2/6/20	60 min
4	Representative LA County Dept. of Children Family Health Services	Thursday 2/6/20	60 min
5	Sexual Health Educator Oakland Unified School District	Monday 2/10/20	25 min
6	Comprehensive Sexual Health Education Specialist Division of HIV and STD Programs Los Angeles County Department of Public Health	Monday 2/10/20	60 min
7	Associate Member Organization of ASHWG	Tuesday 2/11/20	45 min

8	Associate Member Organization of ASHWG	Tuesday 2/11/20	45 min
9	Author and Publisher CHYA-Approved Evidence-Based Curriculum in California	Tuesday 2/11/20	55 min
10	Representative Curriculum Training Service Organization	Thursday 2/13/20	30 min
11	District Administrator Large CA Unified School District	Monday 2/17/20	60 min
12	Spokesperson Planned Parenthood Affiliates of California, Statewide Public Affairs	Monday 2/24/20	45 min
13	Eva Payne Director Project Kindle	Tuesday 2/25/20	30 min
14	Jennifer Chou Reproductive Justice & Gender Equity Attorney ACLU of Northern California	Tuesday 2/25/20	30 min
15	Paula Baucom K-12 Program Specialist, Science/Health San Juan Unified School District	Wednesday 2/26/20	30 min
16	Sexual Health Educator San Diego Unified School District	Thursday 2/27/20	35 min
17	Christopher Pepper Content Specialist, Health Education SFUSD School Health Programs San Francisco Unified School District	Thursday 2/27/20	30 min

18	Scott Gerbert Director Alameda County Office of Education	Friday 2/28/20	18 min
19	Dareen Khatib Administrator, Health and Wellness, Student Achievement and Wellness Educational Services Division Orange County Office of Education	Friday 2/28/20	39 min
20	Susan Temple Health Education Curriculum Leader Long Beach Unified School District	Monday 3/2/20	30 min
21	Gabriela Lopez Vice President San Francisco Board of Education	Monday 3/9/20	45 min

APPENDIX B - SAMPLE INTERVIEW GUIDE

Introduction

We are a group of UCLA Masters of Public Policy students conducting interviews for our thesis project on sex education policy in the Los Angeles Unified School District. All the information you share, including any identifying data, will be kept confidential. This interview will not be recorded, but we will be taking notes. To be clear, this interview is a reflection of our own opinions and not an expression of LAUSD or UCLA.

The goal of this interview is to understand the landscape of sex education policy in CA district schools in compliance with CHYA, as well as, gain insight into best practices in district policymaking and the policy implementation process from organizations that work on sex education.

Thank you for agreeing to take part in this interview. The information you share is immensely helpful to our research and final report.

Interview Questions

1. For how many years have you been in your current role?
    a. 0-2 years
    b. 3-5 years
    c. 6-8 years
    d. 9+ years
2. Please describe your role, listing major responsibilities and projects.
3. On a scale of 1 to 5, how familiar are you with CHYA (California Healthy Youth Act)? (1 being not at all familiar, 5 being I am familiar with all of the law's requirements)
4. Can you talk a little bit about the passage of CHYA and how you have interacted with school districts in ensuring compliance with the new law?
5. On a scale of 1 to 5, how involved are you in working with school districts on implementing CHYA? (1 being not involved, 5 being very involved)
    a. If you are very involved, please explain in greater detail.

6. Do you have any interactions with LAUSD regarding CHYA? Who and how do you interact?
7. Are there any political factors that shape or inform your work on CHYA implementation and compliance?
8. Please describe how compliance with new district sex education policies are recorded and tracked at CA district schools.
9. On a scale of 1 to 5, how satisfied are you with the quality of the recording and tracking of CHYA compliance in California district schools? (1 being not satisfied, 5 being very satisfied)
10. As far as you know, are California schools compliant with CHYA requirements?
11. Are there any challenges CA school districts face in changing or implementing their sex education policy to be in compliance with CHYA?
12. If you were to implement a compliance strategy for CHYA school districts, what would you want it to look like?
13. Is there anyone else you think we should reach out to about these topics?
14. If we reference what was discussed in this interview, how would you like to be referred? We will be as specific or as vague as you feel comfortable. (i.e. role name, from xyz organization, person from xyz organization, etc)

APPENDIX C - HEALTH EDUCATOR SURVEY RESULTS

Table 7 Health Educator *Survey Results*

Question	Choice	Count	Percentage	Valid Percentage
Q1. Please select your school type from the list below.	Elementary school	1	1.2	1.3
	Middle school	49	59.0	62.0
	High school	29	34.9	36.7
	Other or unidentified	4	4.8	
Q2. Please select where your school is located from the list below.	Local District West	8	9.6	9.6
	Local District Northwest	21	25.3	25.3
	Local District Northeast	13	15.7	15.7
	Local District Central	15	18.1	18.1
	Local District East	17	20.5	20.5
	Local District South	9	10.8	10.8
Q3. Do you teach a self-contained special education class?	Yes	7	8.4	10.3
	No	61	73.5	89.7
	Unidentified	15	18.1	

Q4. What grade(s) do you teach? (select all that apply)	6th grade	6	7.2	7.2
	7th grade	52	62.7	62.7
	8th grade	20	24.1	24.1
	9th grade	32	38.6	38.6
	10th grade	27	32.5	32.5
	11th grade	27	32.5	32.5
	12th grade	24	28.9	28.9
	Other	4	4.8	4.8
Q5. What subjects do you teach besides health education (if any)? (select all that apply)	None	9	10.8	13.2
	Math	10	12.0	14.7
	Science	50	60.2	73.5
	Language arts	7	8.4	10.3
	History	3	3.6	4.4
	Physical education	3	3.6	4.4
	Other—Life skills	2	2.4	2.9
	Other—CTE	1	1.2	1.5
	Other—AVID excel	1	1.2	1.5
	Other—Sports medicine	1	1.2	1.5
	Other—Robotics	1	1.2	1.5

	Other—Medical terminology	1	1.2	1.5
	Unidentified	15	18.1	
Q6. Which of the following health science credentials do you have?	Not credentialed, including waiver and having an authorization to teach health education	31	37.3	37.3
	Credentialed, including single-subject credential, multiple-subject credential, and special education credential	52	62.7	62.7
Q7. During years in which you taught a sex education unit how many trainings did you attend?	I have never attended a training on sex education-related topics	5	6.0	6.0
	Less than 1 time per year	16	19.3	19.3
	1 - 2 times per year	35	42.2	42.2
	3 - 4 times per year	16	19.3	19.3
	5+ times per year	11	13.3	13.3
Q8. What types of training do you attend? (select all that apply)	In-person curriculum training on specific sexual health program (e.g. Positive Prevention Plus, Puberty: The Wonder Years)	54	65.1	79.4

	Other in-person LAUSD training to support the sexual health instruction	31	37.3	45.6
	Other in-person LAUSD training on substance abuse prevention	20	24.1	29.4
	Other LAUSD online training options to support sexual health instruction	15	18.1	22.1
	Other Webinars to support sexual health instruction	15	18.1	22.1
	Other non-LAUSD training to support sexual health instruction	27	32.5	39.7
	Other	7	8.4	10.3
	Unidentified	15	18.1	
Q9. On a scale of 1 - 5 how familiar are you with the California Healthy Youth Act?	1	9	10.8	10.8
	2	6	7.2	7.2
	3	19	22.9	22.9
	4	21	25.3	25.3
	5	28	33.7	33.7
Q10. Of the students in your class,	None of the parents	32	38.6	38.6

approximately how many of their parents want to discuss sex education curriculum topics with you?	One or two parents	29	34.9	34.9
	Some of the parents	17	20.5	20.5
	About half of the parents	2	2.4	2.4
	Almost all of the parents	3	3.6	3.6
Q11. If parents bring up sex education topics, do you feel confident explaining the district-mandated policies?	1	1	1.2	1.2
	2	5	6.0	6.0
	3	20	24.1	24.1
	4	20	24.1	24.1
	5	37	44.6	44.6
Q12. Do you send out a separate notification to the parents about teaching the sexual health program (select all that apply)?	Yes, I send out a notification just before teaching	17	20.5	25.0
	Yes, I send out a notification to the parents in my beginning of the year syllabus/letter	31	37.3	45.6
	No, I rely on the Parent and Student Handbook	34	41.0	50.0
	No, I present the sexual health program materials that are being implemented during open house	10	12.0	14.7
	Unidentified	15	18.1	

Q13. When policy changes occur at the district level how are you informed of the changes? (select one)	District Bulletin via email	23	27.7	33.8
	Communication via my school's principal	3	3.6	4.4
	Division of Instruction, Health Education Programs	39	47.0	57.4
	Other—Only during trainings	1	1.2	1.5
	Other—Unlikely to receive timely notification	1	1.2	1.5
	Other—Only second year teaching, have not received any information	1	1.2	1.5
	Unidentified	15	18.1	

Q14. What resources would be most important to comply with district-wide policy changes in your classroom?	Examples: - "PD trainings during school hours" - "Further paid training, better communication of District with school admin" - "More trainings! And update meetings or webinars." - "We need an updated textbook, reader, or online curriculum for students." - "Supplied approved curriculum" - "A simplified, streamlined summary of the requirements." - "Training for our administration so they understand all aspects of CHYA including that kids can leave campus for sexual health services and that there is no home notification - concern that kids may not be accepted and safe - need to know that non health teachers understand the law and that their personal opinions are not part of the equation - whole school training on CA Healthy Youth Act would be awesome with time for Q and A." - "None, I feel prepared to teach positive prevention plus."

APPENDIX D - HEALTH EDUCATOR SURVEY STATISTICAL METHODS

Variables

Our variables include the following information:

1. School location
2. School type
3. Credential status
4. Whether the educator teaches a self-contained course
5. Other subjects taught besides health
6. Number of trainings attended per year of teaching
7. Number of parents wanting to discuss sex education curriculum topics
8. Whether they send out a separate parent notification
9. CHYA familiarity
10. Confidence level in explaining the district-mandated policies to parents

Hypotheses test

Using a z-score of ±3 and a cook's distance of 1 as a threshold, we did not detect any extreme outliers for either of the models. By drawing the p-p plot and the residuals vs. predicted outcome plot, we observed that the assumption of normality, linearity, and homoscedasticity were not violated. The Variance Inflation Factor (VIF) statistics were all below 5 for the estimated models, suggesting no multicollinearity problem.

Analysis method

Ordinary least square linear regression models were used to discover strong predictors, and further comparison among teachers were conducted by t-tests, chi-squared tests, and one-way analysis of variance (ANOVA) as appropriate. For the findings, we used the two-tailed p-value of less than 0.10 to indicate statistical significance considering it is suggestive of a significant effect that warrants further study from a preliminary data analysis like ours.

APPENDIX E - INTERVIEW ANALYSIS CODEBOOK

Table 8 *Codebook*

Code	Definition
Compliance_Curriculum	Is the curriculum compliant with CHYA, this includes updated material
Compliance_Schools	This includes at the school and district level
Training	Respondent mentions training of teachers
External Pushback	This includes pushback from non-profit organizations, etc.
Internal Pushback	This includes pushback from teachers, school administrators, principals, students. etc.
School Resources	This includes finances, time, number of staff, etc.
Prioritization of Sex Health Education	This includes placing more value on this education, making this curriculum more of a priority, follow through on mandates and compliance
Monitoring of Compliance	Tracking compliance of curriculum updates and teacher training
Evaluation of Curriculum	Assessing the curriculum content, are students actually learning this? Are teachers actually teaching this?
Barriers to Teaching all Sex Ed Topics	Comfort level, types of teachers, teacher implicit bias, funding
Parents	Respondent mentions parent involvement
Recommendations	Respondent offers recommendations
CHYA	Respondent mentions CHYA

APPENDIX F - NEW DISTRICT SEX EDUCATION POLICY DRAFT

This policy has been adapted from Burbank and San Diego school districts.[115] Interviewees from the ACLU and member organizations of the Adolescent Sexual Health Working Group (ASHWG) cited these districts as exemplary California districts in the effective implementation of CHYA.

POLICY DRAFT

Overview

Los Angeles Unified School District strives to support all students and serve their needs as it pertains to sexual health, decision-making, and wellness. Our effective evidence-based education and prevention strategies aim to increase the health, academic success, and overall well-being of our students. Comprehensive sexual health education is implemented in grades 7 and 9, once in middle school and once in high school. All curricula follow California Education Code requirements, including new topics required by the California Healthy Youth Act, and has been reviewed and approved by the Adolescent Sexual Health Working Group (ASHWG). This new policy incorporates foster youth rights to comprehensive sexual health education as mandated in SB 89, California's Foster youth Sex Education Act.

The district's educational program shall promote students' understanding of sexuality as a normal part of human development and their development of healthy attitudes and behaviors concerning adolescent growth and development, body image, gender, gender identity, gender expression, sexual orientation, relationships, marriage, and family. The program provides schools and students with information regarding safe and legal access to sexual health services, supports for LGBTQ-inclusive environments, and additional interventions for schools with higher percentages of students at risk for HIV/STDs and unplanned pregnancies.

Primary Program Goals

[115] Burbank Board of Education Policy (2019). "Sexual Health And HIV/AIDS Prevention Instruction" http://gamutonline.net/district/burbank/DisplayPolicy/1145557/62/2., Sexual Health Education Advisory Committee. San Diego Unified Sexual Health Education Program (n.d.). https://www.sandiegounified.org/shep.

The Board of Education aims to provide a well-planned, integrated sequence of medically accurate and inclusive instruction on comprehensive sexual health and human immunodeficiency virus (HIV) prevention. The district's educational program shall address the goals of the California Healthy Youth Act pursuant to Education Code 51930-51939, including providing students with the knowledge and skills necessary to protect them from risks presented by sexually transmitted infections, unintended pregnancy, sexual harassment, sexual assault, sexual abuse, and human trafficking and to have healthy, positive, and safe relationships and behaviors.

- Deliver accurate sexual health information to all district students in grades 6-12 to promote healthy behaviors and healthy attitudes towards sexuality.
- Increase access for students to local youth-friendly sexual health service agencies.
- Facilitate safe and supportive campus environments for LGBTQ students.
- Implement surveillance programs to collect health data that informs district, state, and national programming.
- Promote long-term goal setting, healthy decision making, and responsible behavior among our students.

California Healthy Youth Act:
ARTICLE 1: General Provisions (Education Code 51930-51932)
ARTICLE 2: Required Comprehensive Sexual Health Education and HIV Prevention Education (Education Code 51933-51934)
ARTICLE 3: In Service Training (Education Code 51935-51936)
ARTICLE 4: Notice and Parental Excuse (Education Code 51935-51936)

Parents or guardians may excuse their child from the sexual health instruction for this school year by providing a written note in their preferred language to their child's teacher. The note should simply state that they are excusing their child from the instruction, include their child's name, and be signed by the parent or guardian. There is no need for any explanation or reason. School sites will send a letter to parents/guardians that explains their right to review the curriculum at least 14 days prior to instruction and their right to excuse their child from the instruction.

Approved Curriculum
Positive Prevention Plus

Per the California Education Code (codes below), students have the right to receive a comprehensive sexual health education curriculum with the following mandates:

220 Prohibition of discrimination
33544 Inclusion of sexual harassment and violence in health curriculum framework
48980 Notice at beginning of term
49381 Human trafficking prevention resources
51202 Instruction in personal and public health and safety
51210.8 Health education curriculum

Additional Resources

Sexual Health Education Program Fact Sheet
Sexual Health Curriculum Scope and Sequence (English) (Español)
Sexual Health Education and Academic Success
CDC's Division of Adolescent and School Health
CDC Report on HIV Among Youth in the US
American Teens' Sexual and Reproductive Health

APPENDIX G - ADDITIONAL IMPLEMENTATION AND COMPLIANCE TRACKING OPTIONS

The following policy options lack sufficient data for inclusion in our criteria evaluation. However, based on our findings, we recommend LAUSD further research and consider these options.

Create a Google Classroom (or similar tool) for Health Instructors.

San Diego Unified School District has found success in augmenting teacher training with a Google Classroom for health educators to learn and collaborate. The Google Classroom (or similar tool) could serve as a platform for teachers to ask questions to one another, provide curriculum support, and organically improve their teaching techniques by sharing ideas.

Require proof of completion of CHYA-compliant sex education to enroll in the 8th and 10th grades.

This option could incentivize schools to ensure that each student receives CHYA education in 7th and 9th grade. Each year, schools require specific paperwork for students to enroll in courses and could add proof of CHYA-compliant sex education to this check. Our interview with representatives from the Department of Children and Family Services revealed that they use a similar tracking system for foster students. A check-box (or something similar) added to an existing district document could be used for students to self-report whether they had taken a CHYA-compliant sex education class before 8th and before 10th grade. Contingency plans would likely need to be created for how the schools should respond if a student does not check the box, but adding a line-item to existing documents is a reasonable short-term step to measure the extent of current compliance.

Require proof of completion of CHYA-compliant sex education to graduate from high school.

Similar to the previous option, this option would require proof of completion of CHYA-compliant sex education to graduate from LAUSD high schools. One semester (90 hours) of health education is already an LAUSD graduation requirement, so an additional check could be easily added to assess what sex education curriculum the student was taught and if that curriculum is CHYA-compliant.

Create an annual CHYA trivia contest for schools and/or individual students to participate in for a prize

While many of our policy options act as sticks, it could be effective to include a less orthodox policy option and one that works as a carrot for teachers, schools, and students. This option could incentivize schools and students to to implement and absorb CHYA-compliant sex education materials effectively. By including a prize (perhaps something as minimal as a grade-wide pizza party for the winning school), students would be incentivized to learn the CHYA material, while destigmatizing sexual education and sexuality. The district would implement an annual competition for schools to take part in voluntarily. A trivia contest would assess students on knowledge of the curriculum that they have been taught on CHYA topics. Ideally, this prize would increase students' involvement and interest in sexual education.