



SEXUAL AND REPRODUCTIVE HEALTH (SRH) SURVEY RESULTS

PPSD Health and Wellness Committee Meeting
May 25, 2022



BACKGROUND

What is comprehensive sexual and reproductive health (SRH) education?

Comprehensive Sexual Health Education teaches:

SEXUALITY TOPICS

Human growth & development
Healthy & respectful relationships
Gender identity / sexual orientation
Dating violence
Consent
Communication skills
Reproduction & pregnancy prevention
Sexually transmitted infections & prevention (STIs, including HIV)
Information on access to sexual health services

&



VALUES

Respect
Inclusion
Non-discrimination
Equality
Empathy
Responsibility
Reciprocity



SRH is a key component of student health

- Normal, healthy adolescent development includes SRH
- Schools are integral in educating young people about the many aspects of human sexuality and providing much-needed resources, services and referrals.
- Good health (including SRH) has a positive effect on academic performance.

Comprehensive SRH education is the best practice and mandated by RI law

In Rhode Island...

Sexuality education, as part of a comprehensive health curriculum, must be aligned with:

- ▶ [RI Health Education Framework](#)
- ▶ [RIDE Comprehensive Health Instructional Outcomes](#)

Topic-specific requirements (Family Life & Sexuality, HIV-AIDS, Teen Dating Violence) referenced in RI General Law are outlined in:

- ▶ [RI Rules and Regulations for School Health Programs](#)

Or for a summary of the sexual health education portions of these three documents, see:

- ▶ [RI Sexual Health Education Requirements SUMMARY \(RIHSC\)](#)

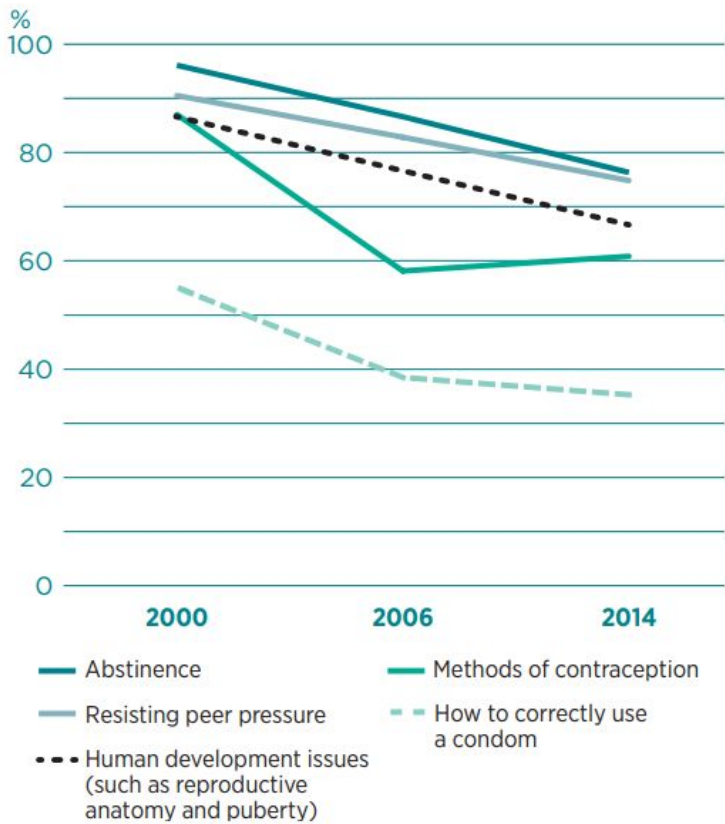


RI schools are required to teach sex education.

Sex education in RI is *part of a comprehensive school health education* program, which means it is not a stand-alone topic but is integrated with mandated health instructional outcomes like personal health, injury and disease prevention, and substance abuse prevention.

SEX EDUCATION IN SCHOOLS

The percentage of high schools teaching sex education has declined across a range of topics



Across the US,
Comprehensive SRH
is occurring less
frequently than in
the past.

Guttmacher, 2017

PPSD Wanted to Gather Information about the State of SRH

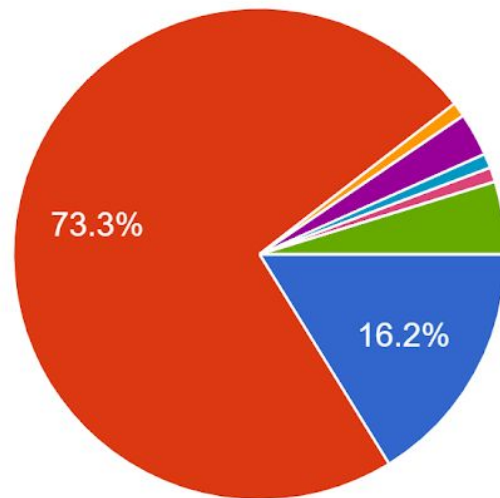
- In 2019, in collaboration with the RI Healthy Schools Coalition (RI HSC) and the RI Department of Health (RI DOH), PPSD commissioned a survey of PPSD schools on SRH, including:
 - School board members and PPSD administrative staff
 - School leaders
 - School nurse educators, health teachers, and gym teachers
 - Other groups involved in SRH, such as counselors, social workers, psychologists, etc
- The goal was to understand the current policies and practices regarding SRH education and services, in order to provide clarity on strengths and challenges



SURVEY METHODS AND SAMPLE

Most respondents were teachers

Job title:
105 responses



- School Nurse Teacher
- PE/Health Educator
- School Guidance/Assistance/Support Counselor
- School Psychologist/Mental Health Professional
- School Administrator
- District Administrator
- School Committee Member
- Other

Who were "administrators"?

Other

School Committee Member

Other

School Guidance/Assistance/Support Counselor

School Administrator

School Administrator

Other

District Administrator

Other

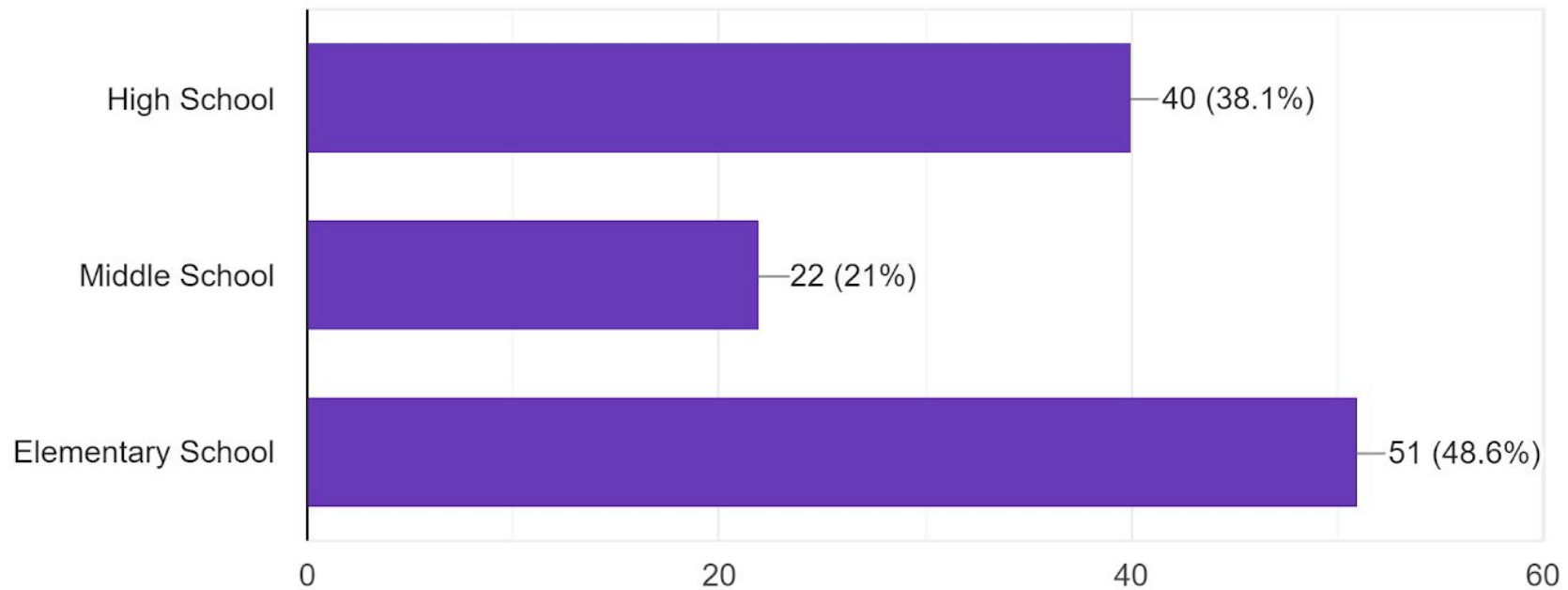
Other

School Administrator

Most respondents work at the elementary level

Grade level (choose all that apply):

105 responses



Questions covered a wide variety of topics

**GENERAL
RESOURCES**

**SEXUAL HEALTH
EDUCATION**

**ACCESS TO
SERVICES**

**SCHOOL
CLIMATE**

**FAMILY
ENGAGEMENT**

**COMMUNITY
INVOLVEMENT**

Within each topic, respondents were asked questions about POLICY, PRACTICE, and PROFESSIONAL DEVELOPMENT (PD)

Sexual Health Education

Policy

E.g. Does your district wellness committee discuss policies related to SRH?

Practice

E.g. Does your district's SRH curricula include an outline of scope and sequence?

Professional Development

E.g. Do staff involved in SRH receive PD on state requirements or national standards?

Access to Services

Policy

E.g. Does your district wellness committee discuss/draft policy regarding SRH services?

Practice

E.g. Does school nurse collaborate with SRH teaching staff to promote student access to services?

Professional Development

E.g. Does your district provide regular PD for staff regarding referral process?

Although all respondents were asked all questions, we decided to focus on questions that were more specific to a person's role:

Questions about POLICY

- Evaluated ONLY at responses of administrators (school, district, school board) and support staff (guidance, psychologist), n=11

Questions about PRACTICE, PD

- Evaluated ALL responses, including administrators, support staff (psychologist, counselors), teachers (school nurse teachers, PE/Health Educators)

Responses were multiple choice.
Analysis is presented after “collapsing” to a binary

Format of responses

- A) Yes, we do this all the time
- B) Well, we are close but not there yet
- C) No, we don't really do this
- D) I don't know

How the data is reported here

- Met the standard
 - we do this all the time = A
- Did not meet the standard
 - combination of B+C+D



RESULTS: POLICY

Q	Standard	% responding "Met"	% responding "did not meet"
1.1	District wellness committee regularly addresses state and local policies on SRH education	9%	91%
1.2	District communicates regularly with community about SRH education policies, content, options, role of families?	18%	82%
2.1	District wellness committee has created or is working on policy on access to SRH services (onsite or referral).	18%	82%
2.2	District has a policy on student access to SRH services , including when, how, by whom services provided.	18%	82%
2.3	District regularly communicates to school community about policies on student access to SRH services	9%	91%
3.1	District wellness committee actively engaged on issues of connectedness and climate with all stakeholders including LGBTQ populations	9%	91%
3.2	District communicates regularly about policies that promote positive health behaviors, including LGBTQ populations	18%	82%
4.1	District Wellness Committee involves families directly in policy discussions about SRH	9%	91%
4.2	District communicates with families about SRH education, student access to SRH services, data, and policies	0%	100%
5.1	District involves community (CBOs, business, health care) in decision-making on SRH education/access/policy	18%	82%
5.2	District makes strong efforts to partner with community groups (CBOs, business, health care) to communicate with families/students/staff about SRH education/access/policy?	9%	91%

There were discrepancies between responses of district administrator (n=1) and other people in administrator category.

Therefore, we removed this person from the "All administrator" column and compared the responses of this person to all other administrators.

Q	Standard	% of all admin except district admin responding “Met”	District admin response
1.1	District wellness committee regularly addresses state and local policies on SRH education	0%	Met
1.2	District communicates regularly with community about SRH education policies, content, options, role of families?	10%	Met
2.1	District wellness committee has created or is working on policy on access to SRH services (onsite or referral).	10%	Met
2.2	District has a policy on student access to SRH services , including when, how, by whom services provided.	10%	Met
2.3	District regularly communicates to school community about policies on student access to SRH services	10%	Did not meet
3.1	District wellness committee actively engaged on issues of connectedness and climate with all stakeholders including LGBTQ populations	0%	Met
3.2	District communicates regularly about policies that promote positive health behaviors, including LGBTQ populations	10%	Met
4.1	District Wellness Committee involves families directly in policy discussions about SRH	0%	Met
4.2	District communicates with families about SRH education, student access to SRH services, data, and policies	0%	Did not meet
5.1	District involves community (CBOs, business, health care) in decision-making on SRH education/access/policy	10%	Met
5.2	District makes strong efforts to partner with community groups (CBOs, business, health care) to communicate with families/students/staff about SRH education/access/policy?	0%	Met

POLICY: Take Home Points and Recommendations

- The single district administrator responded positively to all but two standards
- All other administrators (school leaders, guidance, psychologists, school board member) responded negatively to all standards
- It is worth confirming the responses of the single district administrator
- If the standards in this area are indeed being met at the district level, school-level administrators are not aware of these policies
- Create regular communication and learning opportunities for school administrators (including school board) to understand what the SRH policies are and how district is addressing them (i.e. newsletter, meeting announcements, in-person outreach)
- Create a “dashboard” for school administrators (and other parties) to quickly and easily check to see how district is meeting standards on SRH education
 - Example: “Conducted Parent University session on talking to youth about sexual health on May 16, 2022, posted on YouTube”