



WASHINGTON

In Fiscal Year 2011¹, the state of Washington received:

- **Personal Responsibility Education Program funds totaling \$1,071,141**

In Fiscal Year 2011, local entities in Washington received:

- **Teen Pregnancy Prevention Initiative funds totaling \$4,000,000**

SEXUALITY EDUCATION LAW AND POLICY

School districts in Washington are not required to implement comprehensive sexuality education; rather, the decision to implement sex education or human sexuality instruction in schools is made by the local school board. When developing “instruction in sexual health education,” Washington law states that school districts must involve parents and other community members “in the planning, development, evaluation, and revision.”² The law also requires every Washington public school that offers sexual health education to assure that instruction is medically and scientifically accurate, age-appropriate, “appropriate for students regardless of race, gender, disability status, or sexual orientation,” and includes information about abstinence and other methods of preventing unintended pregnancy.³ It also states that “[a]bstinence may not be taught to the exclusion of other materials and instruction on contraceptives and disease prevention.”⁴

Schools are required to teach sexually transmitted disease (STD)- and HIV/AIDS-prevention education and to “stress that abstinence from sexual activity is the only certain means for the prevention of the spread or contraction of the AIDS virus through sexual contact.”⁵ HIV/AIDS-prevention instruction must be given at least once each school year beginning in grade five and must “teach that condoms and other artificial means of birth control are not a certain means of preventing the spread of the AIDS virus and reliance on condoms puts a person at risk for exposure to the disease.”⁶ Information must be current and medically accurate. In order to verify medical accuracy, the Washington Department of Health Office on HIV/AIDS must review and approve all HIV/AIDS curricula and supporting materials.⁷

The Washington Office of Superintendent of Public Instruction and the Department of Health developed voluntary guidelines titled the *Guidelines for Sexual Health and Disease Prevention*. These guidelines promote broad, comprehensive, positive sexuality education programs that provide information about both abstinence and contraception, and are consistent with characteristics of programs that have been rigorously evaluated using quantitative research and shown to be effective in reducing risk-taking behaviors. Washington also provides a voluntary curriculum, *KNOW HIV/STD Prevention Curriculum*, for use in grades five through 12, as well as a thorough list of other curricula that have been reviewed and approved by the Department of Health.

Parents or guardians may remove their children from HIV/AIDS-prevention education if they have attended one information session about the HIV/AIDS curriculum and presentation.⁸ If a school district

chooses to provide sexuality education, parents may also remove their children from the class with written notification. This is referred to as an “opt-out” policy.⁹

See Revised Code of Washington §§ 28A.230.020, 28A.230.070, and 28A.300.475; Washington Administrative Code § 392-410-140; Guidelines for Sexual Health Information and Disease Prevention; KNOW HIV/STD Prevention Curriculum; and HIV/AIDS Curriculum and Supplementary Materials Reviewed for Medical Accuracy by the Washington State Department of Health Office on HIV/AIDS.

RECENT LEGISLATION

Bill to Require Parental Consent for Sex Education Classes

House Bill 1604, introduced in January 2011, would require a parent or guardian to provide written consent in order for his/her child to participate in any sexual health education course. This is commonly referred to as an “opt-in” policy. Washington currently has an “opt-out” law, under which parents have the option to excuse their child from sexual health education. The bill was referred to the House Committee on Education, which held a public hearing on the bill in March. No further action was taken on the bill during the regular legislative session. The bill was reintroduced during the 2011 first special legislative session, the 2012 second special legislative session, the 2012 regular session, the 2012 first special legislative session, and again in the 2012 second special legislative session. At the time of publication, no further action had been taken.

Bill Requiring Lessons on Sexual Offenses

House Bill 1284, introduced in January 2011, would require every public school that offers sex education to include a lesson that discusses the law regarding sexual offenses against minors and the legal consequences of conviction under the law. This portion of the sexual health education curriculum would be developed by the superintendent of public instruction in consultation with the Washington State Patrol and updated annually. The bill passed the House Committee on Education on February 21 and was referred to the Rules Committee for a second reading. No further action was taken during the regular session and the bill was reintroduced during the 2011 first special legislative session, the 2012 second special legislative session, the 2012 regular session, the 2012 first special legislative session, and again in the 2012 second special legislative session. At the time of publication, no further action had been taken.

Bill Regarding Parental Consent

House Bill 1602, introduced in January 2011, is intended to protect “parental rights” by responding to the “gradual encroachment by the state into the fundamental rights of parents....” The bill mainly addresses parental consent regarding medical treatment received by minors, but would also make written parental consent a requirement for any student participating in a class or program concerning sexuality, sexually transmitted diseases, sexual orientation, suicide, or euthanasia. The bill was referred to the Judiciary Committee and no further action was taken on the measure during the regular session. The bill was reintroduced during the 2011 first special legislative session, the 2012 second special legislative session, the 2012 regular session, the 2012 first special legislative session, and again in the 2012 second special legislative session. At the time of publication, no further action had been taken.

YOUTH SEXUAL HEALTH DATA

SIECUS has compiled the following data to provide an overview of adolescent sexual health in Washington. The data collected represents the most current information available.

Washington Youth Risk Behavior Survey (YRBS) Data¹⁰

Seattle, Washington

- In 2011, 27% of female high school students and 33% of male high school students in Seattle reported ever having had sexual intercourse, compared to 46% of female high school students and 49% of male high school students nationwide.
- In 2011, 2% of female high school students and 7% of male high school students in Seattle reported having had sexual intercourse before age 13, compared to 3% of female high school students and 9% of male high school students nationwide.
- In 2011, 5% of female high school students and 9% of male high school students in Seattle reported having had four or more lifetime sexual partners, compared to 13% of female high school students and 18% of male high school students nationwide.
- In 2011, 20% of female high school students and 22% of male high school students in Seattle reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey), compared to 34% of female high school students and 33% of male high school students nationwide.
- In 2011, among those high school students who reported being currently sexually active, 58% of females and 57% of males in Seattle reported having used condoms the last time they had sexual intercourse, compared to 54% of females and 67% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 33% of females and 23% males in Seattle reported having used birth control pills the last time they had sexual intercourse, compared to 23% of females and 13% of males nationwide.
- In 2011, 86% of high school students in Seattle reported having been taught about AIDS/HIV in school, compared to 84% of high school students nationwide.

Washington Healthy Youth Survey

Sexual Behavior

- In 2010, 17% of eighth grade students in Washington said they have had sex, while 31% of 10th grade students and 53% of 12th grade students said they have had sex.¹¹
- In 2010, 7% of eighth grade students in Washington said they had sex by age 13, while 6% of 10th grade students and 5% of 12th grade students said they had sex by age 13.¹²
- In 2010, 4% of eighth grade students in Washington said they have had four or more sexual partners, while 8% of 10th grade students and 17% of 12th grade students said they have had four or more sexual partners.¹³

- In 2010, 6% of eighth grade students in Washington said they did not use a condom during the last time they had sexual intercourse, while 11% of 10th grade students and 24% of 12th grade students said they did not use a condom during the last time they had sexual intercourse.¹⁴

Washington Teen Pregnancy, HIV/AIDS, and Sexually Transmitted Disease Data

Teen Pregnancy, Birth, and Abortion

- Washington's teen birth rate currently ranks 39th in the United States, with a rate of 26.7 births per 1,000 young women ages 15–19, compared to the national rate of 34.3 births per 1,000.¹⁵ In 2010, there were a total of 6,001 live births to young women ages 15–19 reported in Washington.¹⁶
- In 2005, Washington's teen pregnancy rate ranked 34th in the United States, with a rate of 59 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 70 pregnancies per 1,000.¹⁷ There were a total of 12,810 pregnancies among young women ages 15–19 in Washington in 2005.¹⁸
- In 2005, Washington's teen abortion rate ranked 12th in the United States, with a rate of 20 abortions per 1,000 young women ages 15–19, which is equal to the national rate of 19 abortions per 1,000.¹⁹

HIV and AIDS

- In 2010, the rate of diagnoses of HIV infection among adolescents aged 13-19 years in Washington was 1.8 per 100,000 compared to the national rate of 7.9 per 100,000.²⁰
- In 2010, the rate of AIDS diagnoses among adolescents 13-19 years in Washington was 0.5 per 100,000 compared to the national rate of 1.9 per 100,000.²¹
- In 2010, the rate of diagnoses of HIV infection among young adults aged 20-24 years in Washington was 14.8 per 100,000 compared to the national rate of 36.9 per 100,000.²²
- In 2010, the rate of AIDS diagnoses among young adults aged 20-24 years in Washington was 2.5 per 100,000 compared to the national rate of 10.4 per 100,000.²³

Sexually Transmitted Diseases

- Washington ranks 37th in the United States reported cases of chlamydia among young people ages 15–19, with an infection rate of 14.6 cases per 1,000, compared to the national rate of 20.03 cases per 1,000. In 2009, there were a total of 6,500 cases of chlamydia among young people ages 15–19 reported in Washington.²⁴
- Washington ranks 42nd in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of .86 cases per 1,000, compared to the national rate of 4.04 cases per 1,000. In 2009, there were a total of 381 cases of gonorrhea among young people ages 15–19 reported in Washington.²⁵

FEDERAL FUNDING FOR SEX EDUCATION, TEEN PREGNANCY PREVENTION, AND ABSTINENCE-ONLY PROGRAMS

President's Teen Pregnancy Prevention Initiative

The President's Teen Pregnancy Prevention Initiative (TPPI) funds medically accurate and age-appropriate programs to reduce teen pregnancy. The U.S. Department of Health and Human Services, Office of Adolescent Health (OAH) administers the grant program, which totaled \$105 million in discretionary funding for Fiscal Year (FY) 2011. TPPI consists of two funding tiers that provide grants to local public and private entities. Tier 1 totals \$75 million and provides funding for the replication of evidence-based programs proven to prevent unintended teen pregnancy and address underlying behavioral risk factors. Tier 2 totals \$25 million and provides funding to develop and test additional models and innovative strategies. A portion of the Tier 2 funds, \$15.2 million, was allocated for research and demonstration grants to test innovative approaches, while the remaining funding, \$9.8 million, was allocated for grants to support communitywide initiatives. TPPI also dedicates \$4.5 million in funding to conduct evaluations of individual programs.

TPPI Tier 1: Evidence-Based Programs

The TPPI Tier 1 grant program supports the replication of evidence-based programs proven effective through rigorous evaluation to prevent unintended teen pregnancy, underlying behavioral risk factors, or other associated risk factors.

- There is one TPPI Tier 1 grantee in Washington, Planned Parenthood of the Great Northwest, which received \$4,000,000 for FY 2011.

Planned Parenthood of the Great Northwest, \$4,000,000 (FY 2011)

Planned Parenthood of the Great Northwest (PPGNW) provides “high-quality, affordable reproductive health care” to communities in the Pacific Northwest. The organization is an affiliate of Planned Parenthood Federation of America, a leading national provider of and advocate for sexual and reproductive health care. Its mission is “to support the lifelong sexual health of women and men, and to foster a community where every child is a wanted child.”²⁶ PPGNW accomplishes its mission through services, advocacy, and “[m]edically accurate, age appropriate, comprehensive sex education that furthers understanding of human sexuality and promotes healthy behavior.”²⁷ It operates health centers in Alaska, Idaho, and western Washington, serving thousands of women, men, and teenagers every year.

PPGNW is the lead agency among six Planned Parenthood affiliates that collaborate in the implementation of the Tier 1 program as member organizations of the Northwest Coalition for Adolescent Health. Along with Planned Parenthood of the Great Northwest, coalition members include, Planned Parenthood of Greater Washington and North Idaho, Planned Parenthood of Columbia Willamette, Planned Parenthood of Montana, Planned Parenthood of Southwest Oregon, and Mt. Baker Planned Parenthood.

The Tier 1 program targets high-risk African-American, Native American, Russian, and Ukrainian youth in grades seven through 12 living in both rural and urban communities with substantially high teen birth and pregnancy rates and health disparities. The coalition will implement *Teen Outreach Program (TOP)* at 73 schools and community agencies in 27 counties across five states: Alaska, Idaho, Montana, Oregon, and Washington. Approximately 2,000 youth will be served annually through the program.

TOP is an evidence-based youth development program that engages young people in experiential learning activities in order to “prepare for successful adulthood and avoid problem behaviors.”²⁸ The program is designed for youth ages 12–17 and focuses on reducing rates of school failure, school suspension, and teen pregnancy. *TOP* consists of a nine-month curriculum that addresses such topics as

relationships, peer pressure, decision making, values clarification, goal-setting, adolescent development, and sexual health.²⁹ It also includes a 20-hour community service component that engages participants in activities to enhance knowledge and develop skills, including self-efficacy, communication, conflict-management, and self-regulation. *TOP* can be delivered as an in-school, after-school, or community-based program. An evaluation of the program published in *Child Development* found that young women ages 15–19 who participated in *TOP* were significantly less likely to report a pregnancy during the program than participants in the control group.³⁰

The Northwest Coalition for Adolescent Health will primarily implement *TOP* during classroom instruction, while in some communities the program will be implemented as after-school programming. Participants will meet once a week for a minimum of 25 meetings over the nine-month period of the program. The service-learning component will take place on weekday evenings and on weekends.³¹

TPPI Tier 2: Innovative Approaches

The TPPI Tier 2 grant program supports research and demonstration programs in order to develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy.

- There are no TPPI Tier 2 Innovative Approaches grantees in Washington.

TPPI Tier 2: Communitywide Initiatives

The TPPI Tier 2 grant program also supports communitywide initiatives to reduce rates of teenage pregnancy and births in communities with the highest rates. The program awards grants to national organizations as well as state- and community-based organizations. Funded national partners provide training and technical assistance to local grantees. The Centers for Disease Control and Prevention (CDC) administer the grant program in partnership with OAH.

- There are no TPPI Tier 2 Communitywide Initiatives grantees in Washington.

Personal Responsibility Education Program

The Personal Responsibility Education Program (PREP) totals \$75 million per year for FYs 2010–2014 and is the first-ever dedicated funding stream for more comprehensive approaches to sexuality education. The U.S. Department of Health and Human Services, Administration for Children and Families (ACF) administers the grant. PREP includes a \$55 million state-grant program, \$10 million to fund local entities through the Personal Responsibility Education Innovative Strategies (PREIS) Program, \$3.5 million for the Tribal PREP Program for tribes and tribal organizations, and \$6.5 million for evaluation, training, and technical assistance. Details on the state-grant program, PREIS, and Tribal PREP are included below.

PREP State-Grant Program

The PREP state-grant program supports evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other sexually transmitted infections (STIs). The grant program totals \$55 million per year and allocates funding to individual states. The grant does not require states to provide matching funds. Funded programs must discuss abstinence and contraception, and place substantial emphasis on both. Programs must also address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- The Washington State Department of Health received \$1,071,141 in federal PREP funds for FY 2011.
- The agency provides sub-grants to 10³² local public and private entities.³³

The Washington Department of Health collaborates with the state Department of Social and Health Services and the Office of the Superintendent of Public Instruction to implement the PREP program. The program will serve youth ages 10–19 in nine targeted counties.³⁴ The Department of Health contracts with Cardea, a nonprofit training network, to train local communities in implementing the evidence-based programs approved for use under the state’s grant. The Department of Health has approved the following evidence-based curricula for use under the PREP program: *¡Cuidate!*, *Making Proud Choices!*, *Reducing the Risk*, *SiHLE*, and *TOP*.³⁵ (Please see the TPPI Tier 1: Evidence-Based Programs section above for more information on *TOP*.)

¡Cuidate! is an evidence-based HIV-prevention curriculum adapted from the evidence-based curriculum *Be Proud! Be Responsible!*, and tailored for use with Latino youth ages 13–18. The curriculum provides information about HIV and its transmission, addresses values and beliefs related to HIV and safer sex, and includes activities aimed to increase skills and self-efficacy for condom use, negotiating abstinence, and safer sex. The intervention consists of six one-hour lessons and is designed for use with small, mixed-gender groups. It draws upon cultural beliefs, such as the importance of family and the responsibility of a man to care for his family, in order to provide messages that resonate with participants. The curriculum consists of educational games, small group discussions, videos, learning exercises, and skill-building activities. An evaluation of the curriculum published in the *Archives of Pediatrics & Adolescent Medicine* found that it reduced the frequency of sexual intercourse, number of sexual partners, and incidence of unprotected sex, while increasing condom use, among participants.³⁶

Making Proud Choices! is an evidence-based STD-, HIV-, and pregnancy-prevention curriculum designed for use with African-American, Latino, and white adolescents ages 11–13. The curriculum aims to help youth understand the poor reasoning and decision making that can lead to STD/HIV infection and/or unintended pregnancy, as well as to increase their confidence, negotiation skills, and self-efficacy in using condoms. The program consists of eight, one-hour sessions and can be implemented in school- or community-based settings. *Making Proud Choices!* includes interactive and skill-building activities that are designed to “increase comfort with practicing condom use, address concerns about negative effects of practicing safer sex, and build skills in condom use and negotiation.”³⁷ An evaluation of the program published in the *Journal of the American Medical Association* showed that program participants reported more consistent condom use and less unprotected sex as well as a higher frequency of condom use than those in the control group.³⁸

Reducing the Risk: Building Skills to Prevent Pregnancy, STD and HIV is an evidence-based, pregnancy-, STD-, and HIV-prevention curriculum designed for classroom use with students in the ninth and tenth grades. It is appropriate for use with multi-ethnic populations.³⁹ *Reducing the Risk* aims to reduce high-risk behaviors among participants and emphasizes strategies for abstaining from sex or practicing safer sex. The 16-lesson curriculum addresses both abstinence and contraception use and includes experiential activities that teach students to develop refusal, negotiation, and communication skills. An evaluation of the program published in *Family Planning Perspectives* found that it increased parent-child communication, especially among Latino youth; delayed the initiation of sexual intercourse; and reduced incidence of unprotected sex among lower-risk youth who participated in the program.⁴⁰

SiHLE (Sisters Informing, Healing, Living, and Empowering) is an evidence-based HIV- and STD-prevention education program designed for African-American females ages 14–18 who are sexually active and at high risk for HIV. It is a peer-led, social skills training intervention based on social cognitive theory and the theory of gender and power.⁴¹ The program consists of four four-hour sessions that are administered on consecutive Saturdays in a community-based setting and led by an African-American female adult and two peer-facilitators ages 18–21. The sessions are designed to reinforce ethnic and gender pride and address HIV-prevention strategies, the transmission of STDs, communication and negotiation skills, condom-use skills, self-efficacy, healthy relationships, and personal empowerment. The

program incorporates group discussion, lectures, games, and role-playing. Participants also complete homework assignments that provide opportunity for reflection and skills practice. An evaluation of the program published in the *Journal of the American Medical Association* found that, at a six-month follow-up, program participants were significantly less likely to report being pregnant and significantly more likely to report having used condoms consistently in the previous six months than participants in the control group. In addition, at a twelve-month follow-up, participants were significantly more likely to report consistent condom use in the previous 30 days and having used a condom during last sexual intercourse than participants in the control group.⁴²

Personal Responsibility Education Innovative Strategies (PREIS)

PREIS supports research and demonstration programs to develop, replicate, refine, and test innovative models for preventing unintended teen pregnancy. ACF administers the grant program in collaboration with OAH and provides a total of \$10 million in funding directly to local public and private entities.

- There are no PREIS grantees in Washington.

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of comprehensive teen pregnancy prevention programs within tribes and tribal communities. Tribal PREP programs target youth ages 10–19 who are in or are aging out of foster care, homeless youth, youth with HIV/AIDS, pregnant and/or parenting youth who are under 21 years of age, and youth who live in areas with high adolescent birth rates. Programs must address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- In FY 2011, 16 tribes and tribal organizations from nine states received a total of \$6.5 million.
- There are no Tribal PREP grantees in Washington.

Title V State Abstinence Education Grant Program

The Title V State Abstinence Education Grant Program (Title V Abstinence-Only Program) allocates \$50 million per year to states for FYs 2010–2014. ACF administers the grant program. The Title V Abstinence-Only Program requires states to provide three state-raised dollars or the equivalent in services for every four federal dollars received. The state match may be provided in part or in full by local groups. All programs funded by the Title V Abstinence-Only Program must promote abstinence from sexual activity as their exclusive purpose and may provide mentoring, counseling, and adult supervision toward this end. Programs must be medically accurate and age-appropriate and must ensure abstinence is an expected outcome.

- Washington chose not to apply for Title V abstinence-only funds for FY 2011.

Washington TPPI, PREP, and Title V Abstinence-Only Funding in FY 2011

Grantee	Award	Fiscal Years
Teen Pregnancy Prevention Initiative (TPPI)		
<i>TPPI Tier 1: Replication of Evidence-Based Programs</i>		
Planned Parenthood of the Great Northwest	\$4,000,000	2010–2014
TOTAL	\$4,000,000	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Washington State Department of Health (federal grant)	\$1,071,141	2011
TOTAL	\$1,071,141	
GRAND TOTAL		2011

COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

SIECUS has identified some examples of model programs, policies, and best practices being implemented in Washington public schools that provide a more comprehensive approach to sex education for young people.⁴³

Updated Sex Education Policy

Washington Healthy Youth Act

In 2007, the Washington legislature passed into law the *Healthy Youth Act*, which was signed by Governor Christine Gregoire on May 26, 2007. The law requires school districts that choose to teach sexuality education to provide medically and scientifically accurate information that teaches about both abstinence and contraception, as well as a variety of other topics. Among those school districts that do provide sexuality education in compliance with state law (approximately half of the state’s 304 school districts), 47 report using the *FLASH* curriculum.⁴⁴

FLASH (Family Life and Sexual Health) is a set of comprehensive sexuality education curricula developed by the Seattle and King County public health department. The curricula are designed for students in grades five through 12 and divided by grade level into three separate curricula: *4/5/6 FLASH*, *7/8 FLASH*, and *High School FLASH*. There is also a version for special-education students ages 11–21 in self-contained classes. Each curriculum contains approximately 20 lessons. *FLASH* “rests on a foundation of positive and healthy sexuality across the lifespan”; furthermore, it “focuses on the needs of public schools and diverse communities” and includes a “strong family involvement component.”⁴⁵ The curricula focus on abstinence while also providing information on the prevention of pregnancy and sexually transmitted diseases (STDs), including HIV. Lessons cover such topics as human growth and development, sexual health, risk behavior and social factors associated with HIV/AIDS, interpersonal relationships, body image, gender roles, and sexual orientation, among others. *FLASH* is considered a promising model program; an examination of the most recent version of the curriculum concluded that its “concurrency with the characteristics of sex education programs that have been rigorously evaluated and found to be effective” was strong. *High School FLASH* is undergoing a longitudinal, randomized, behavioral evaluation in years 2011 through 2014, with results expected in 2015.⁴⁶

Through the Healthy Youth Alliance, a statewide sex education coalition, organizations and supporting members assist with implementation efforts across the state. For example, Planned Parenthood affiliates in Washington provide education and teacher training in schools, the Center for Health Training focuses on providing sexual health education trainings to trainers and teachers, the Seattle and King County public health department has sexual health educators on staff who make presentations in every school district in King County, and NARAL Pro-Choice Washington Foundation works to organize community support for comprehensive sex education to assist with implementation efforts. Areas of the state that have succeeded in implementing comprehensive and medically accurate programs include Skagit and Whatcom counties, and communities such as Ellensburg, Kennewick/Tri Cities, Spokane, and Yakima, among others.⁴⁷

Comprehensive Sex Education Programs in Public Schools

School Districts Adopt Comprehensive Sexuality Education Policies and Curriculum

The Puyallup school district has worked to implement more comprehensive sex education programming in schools over the past few years. In the spring of 2009, the school board officially eliminated funding for an abstinence-only-until-marriage guest lecturer that had been allocated in previous school years. In March 2010, the school board voted to revise the district’s sexual health education policy and adopted the *Healthy Youth Act* as its official policy for human sexuality instruction. The following month, the school board adopted the *FLASH* curriculum, which had been recommended by the district’s review committee, for use in grades four through 12. (See the previous section, Washington Healthy Youth Act, for more information on the *FLASH* curriculum.)

The Yakima school district also officially adopted the Healthy Youth Act as the district’s sex education policy and implemented *FLASH* in district schools.⁴⁸

Washington Youth Sexual Health Plan

In November 2010, the Washington State Department of Health, in partnership with local health departments, community organizations, and additional stakeholders, developed a strategic plan to coordinate the health services, education, community engagement, and school programs being provided to support adolescent sexual health in the state. The *Washington Youth Sexual Health Plan* serves as a framework for supporting positive youth development. It offers guidance for program development, policy advocacy, fundraising, and educating stakeholders to promote youth sexual health. The plan outlines overarching goals for improving adolescent sexual health and wellness in the state, including: equip youth to “use accurate information and well-developed skills to make thoughtful choices about relationships and sexual health,” eliminate sexual health inequities, and reduce rates of unintended pregnancy, sexually transmitted infections, and “non-consensual sexual behaviors.”⁴⁹

In order to achieve these goals, the plan outlines eight objectives for establishing concrete plans and policies to support youth sexual health. These objectives include:

1. “build a state and community infrastructure that sustains the delivery of sexual health programs and services and strengthens the community’s well-being;
2. “develop evidence-based policies to provide direction, guide resources, encourage consistency, create accountability, and help coordinate efforts in supporting youth sexual health;
3. “ensure access to health care for all youth and community members to eliminate disparate rates of unplanned pregnancy and sexually transmitted infection;
4. “create and promote positive opportunities and connections for youth by engaging them as partners in decision making;
5. “teach youth to think critically and assert their personal values to help them reconsider or reject cultural and media messages with negative or stereotypical sexual images;

6. “[make] [h]igh-quality health services for youth...accessible, nonjudgmental, developmentally appropriate, and youth friendly;
7. “educate community members to effectively use evidence-based research in order to improve youth sexual health. Obtain data from all groups of youth, including those that are often marginalized or under-represented; and
8. “commit to taking action to promote youth sexual health by creating, supporting, and enforcing policies that guarantee high-quality sexual health programs that are available to all.”⁵⁰

Overall, the *Washington Youth Sexual Health Plan* emphasizes the responsibility of adults to ensure that accurate information, skill-building opportunities, and quality health services are made available to all youth. In addition, it recognizes that young people must play a central role in defining their own needs for positive development and identifying programs and policies to support their health. Lastly, the plan relies on a holistic approach to sexual health that not only addresses the physical aspect – such as the prevention of unintended pregnancy, STDs, and unwanted sexual behavior – but that also supports its emotional, mental, and social elements. With this approach, the plan also works to support policies that “help reduce poverty, discrimination, gender inequities, gender role expectations, and cultural assumptions of heterosexuality.”⁵¹

We encourage you to submit any updated or additional information on comprehensive approaches to sex education being implemented in Washington public schools for inclusion in future publications of the State Profiles. Please visit SIECUS’ “Contact Us” webpage at www.siecus.org to share information. Select “state policy” as the subject heading.

POINTS OF CONTACT

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WASHINGTON

ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

ACLU of Washington
Seattle, WA
Phone: (206) 624-2184
www.aclu-wa.org

Planned Parenthood of the Great Northwest
Seattle, WA
Phone: (206) 328-7734
www.plannedparenthood.org/ppgnwni

Equal Rights Washington
Seattle, WA
Phone: (206) 324-2570
www.equalrightswashington.org

Planned Parenthood
of Greater Washington and North Idaho
Yakima, WA
Phone: (866) 904-7721
www.ppgwni.org

League of Women Voters of Washington
Seattle, WA
Phone: (206) 622-8961
www.lwvwa.org

Washington Education Association
Federal Way, WA
Phone: (253) 941-6700
www.washingtonea.org

Lifelong AIDS Alliance
Seattle, WA
Phone: (206) 328-8979
www.lifelongaidsalliance.org

Washington State Medical Association
Seattle, WA
Phone: (206) 441-9762
www.wsma.org

NARAL Pro-Choice Washington
Seattle, WA
Phone: (206) 624-1990
www.prochoicewashington.org

Washington State
Parent-Teacher Association
Tacoma, WA
Phone: (253) 565-2153
www.wastatepta.org

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Human Life of Washington
Bellevue, WA
Phone: (425) 641-9345
www.humanlife.net

MEDIA OUTLETS

Newspapers in Washington⁵³

Bellingham Herald
Bellingham, WA
Phone: (360) 715-2260
www.bellinghamherald.com

The News Tribune
Tacoma, WA
Phone: (253) 597-8686
www.thenewstribune.com

WASHINGTON

Seattle Post-Intelligencer
Seattle, WA
Phone: (206) 448-8000
www.seattlepi.com

Seattle Times
Seattle, WA
Phone: (206) 464-2200
www.seattletimes.com

Spokesman-Review
Spokane, WA
Phone: (509) 459-5000
www.spokesmanreview.com

Tacoma Daily Index
Tacoma, WA
Phone: (253) 627-4853
www.tacomadailyindex.com

The Columbian
Vancouver, WA
(360)699-6006
www.columbian.com

Political Blogs in Washington

Hominid Views
www.hominidviews.com

Majority Rules Blog
www.majorityrules.org

Northwest Progressive Institute Advocate
www.nwprogressive.org/weblog

Washblog
www.washblog.com

¹ This refers to the federal government's fiscal year, which begins on October 1st and ends on September 30th. The fiscal year is designated by the calendar year in which it ends; for example, Fiscal Year 2011 began on October 1, 2010, and ended on September 30, 2011.

² Wash. Admin. Code § 392-410-140(4), http://apps.leg.wa.gov/wac/default.aspx?cite=392-410-140_4
<http://apps.leg.wa.gov/RCW/default.aspx?cite=28A.230.070>.

³ Wash. Rev. Code § 28A.300.475(1), <http://apps.leg.wa.gov/RCW/default.aspx?cite=28A.230.020>.

⁴ Ibid.

⁵ Wash. Rev. Code § 28A.230.070(7), <http://apps.leg.wa.gov/RCW/default.aspx?cite=28A.230.070>.

⁶ Ibid.

⁷ Wash. Rev. Code § 28A.230.070(3), <http://apps.leg.wa.gov/RCW/default.aspx?cite=28A.230.070>.

⁸ Wash. Rev. Code § 28A.230.070(4), <http://apps.leg.wa.gov/RCW/default.aspx?cite=28A.230.070>.

⁹ Wash. Rev. Code § 28A.300.475(6), <http://apps.leg.wa.gov/RCW/default.aspx?cite=28A.300.475>.

¹⁰ Danice K. Eaton, et. al., "Youth Risk Behavior Surveillance—United States, 2011," *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 61, no. SS-4 (June 8, 2012): accessed June 18, 2012, <http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>. Note: Seattle, Washington participated in the 2011 YRBS; however, the city did not participate in the full survey.

¹¹ "Healthy Youth Survey," Washington State Department of Health, accessed March 11, 2013, <http://www.doh.wa.gov/DataandStatisticalReports/HealthBehaviors/HealthyYouthSurvey.aspx>.

¹² Ibid.

¹³ Ibid.

¹⁴ Ibid.

¹⁵ "Birth rate for U.S. teenagers reach historic lows for all age and ethnic groups," NCHS data brief, no. 89, (Hyattsville, MD: National Center for Health Statistics, 2012), accessed June 27, 2012, <http://www.cdc.gov/nchs/data/databriefs/db89.pdf>, Data table for figure 6.

¹⁶ Ibid.

¹⁷ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, (Washington, DC: Guttmacher Institute, January 2010), accessed May 7, 2012, <http://www.guttmacher.org/pubs/USTPtrends.pdf>, Table 3.1.

¹⁸ Ibid., Table 3.2.

¹⁹ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.1.

²⁰ Slide 9: “Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years, 2010—46 States and 5 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

²¹ Slide 18: “Rates of AIDS Diagnoses among Adolescents Aged 13–19 Years, 2010—United States and 6 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

²² Slide 10: “Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years, 2010—46 States and 5 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

²³ Slide 19: “Rates of AIDS Diagnoses among Young Adults Aged 20–24 Years, 2010—United States and 6 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

²⁴ “Wonder Database: Sexually Transmitted Disease Morbidity for selected STDs by age, race/ethnicity and gender 1996–2009 Results,” (Atlanta, GA: Centers for Disease Control and Prevention, June 2011), accessed December 18, 2012, <http://wonder.cdc.gov>.

²⁵ Ibid.

²⁶ “Who We Are,” Planned Parenthood of the Great Northwest, accessed June 15, 2011, <http://www.plannedparenthood.org/ppgnw/who-we-are-23145.htm>.

²⁷ Ibid.

²⁸ Saras Chung and Annie Philipps, *Promoting Mental Health and Well-being in Adolescents: Recommendations for Wyman’s Teen Outreach Program*, (Eureka, MO: Wyman Teen Outreach Program, 2010), accessed July 1, 2011, <http://wymancenter.org/wordpress/wp-content/uploads/2011/08/TOP-Promoting-Positive-Well-Being-in-Adolescents.pdf>, 3.

²⁹ Ibid, 9.

³⁰ “Pregnancy Prevention Intervention Implementation Report: Teen Outreach Program,” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed July 1, 2011, http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/teen_outreach_program.pdf.

³¹ Information provided by Willa Marth, Director of Education and Organizational Effectiveness for Planned Parenthood of the Great Northwest, June 21, 2011.

³² Sub-grantees include: Family Planning of Chelan-Douglas Counties, Columbia High School, Cowlitz Family Health Center, Center for MultiCultural Health, Action Association Counseling Services, United General Hospital, New Horizons High School, YouthCare, Children’s Home Society of Washington, and Darrington Family Support & Resource Center.

³³ Information provided by Cynthia Harris, PREP Supervisor and Acting Program Manager, Family Planning and Adolescent Health, Washington State Department of Health, March 15, 2012.

³⁴ Ibid.

³⁵ Ibid.

³⁶ *Cuide! Evidence-Based Programs*, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed May 5, 2010, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=577&PageTypeID=2>; see also *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections, Second Edition* (Washington, DC: Advocates for Youth, 2008), accessed March 30, 2010, <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>, 76–79.

³⁷ *Making Proud Choices! Evidence-Based Programs*, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed April 15, 2010, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=128>.

³⁸ Ibid.

³⁹ *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections* (Washington, DC: Advocates for Youth, 2008), accessed March 30, 2010, <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>, 22.

⁴⁰ Ibid., 23–24.

⁴¹ *Sisters Informing, Healing, Living, Empowering (SiHLE)*, Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed July 1, 2011, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=567&PageTypeID=2>.

⁴² *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections* (Washington, DC: Advocates for Youth, 2008), accessed July 1, 2011, <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>, 98–101; see also “Pregnancy Prevention Intervention Implementation Report: Sisters Informing, Healing, Living, and Empowering (SiHLE),” Programs for Replication

– Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed July 1, 2011, <http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/sihle.pdf>.

⁴³ This is by no means a complete list of all comprehensive programming and policies related to sexuality education, but rather some examples of best practices and model programs that SIECUS identified.

⁴⁴ Information provided by Caitlin Safford, program organizer for NARAL Pro-Choice Foundation of Washington, June 3, 2010.

⁴⁵ “Questions About the Family Life and Sexual Health (F.L.A.S.H.) Curriculum,” Public Health – Seattle and King County, accessed May 3, 2010, <http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/questions.aspx>.

⁴⁶ Ibid.

⁴⁷ Information provided by Caitlin Safford, June 3, 2010.

⁴⁸ Ibid.

⁴⁹ *Washington Youth Sexual Health Plan* (Tumwater, WA: Washington State Department of Health, 2010), http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&ved=0CFkQFjAC&url=http%3A%2F%2Flistserver.wa.gov%2Fcgi-bin%2Fwa%3FA3%3Dind1011%26L%3DWA-PREP-PLAN%26E%3Dbase64%26P%3D19441%26B%3D-----%253D_NextPart_001_01CB8118.8F0DF0AF%26T%3Dapplication%252Foctet-stream%3B%2520name%3D%2522Washington%2520Youth%2520Sexual%2520Health%2520Plan%25202010%252011-09.pdf%2522%26N%3DWashington%2520Youth%2520Sexual%2520Health%2520Plan%25202010%252011-09.pdf%26attachment%3Dq&ei=AQgUJfUDsn2gHZuYCoCw&usq=AFQjCNHLXp1JGj_jZs6UyWEfo6E5bTwnhw, 2.

⁵⁰ Ibid, 3–4.

⁵¹ Ibid, 2.

⁵² The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

⁵³ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.