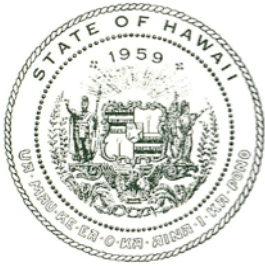


HAWAII
STATE
COMMISSION
ON THE
STATUS
OF
WOMEN



Chair
LESLIE WILKINS

COMMISSIONERS:

ELENA CABATU
CARMILLE LIM
AMY MONK
LISA ELLEN SMITH
MARILYN LEE
JUDY KERN

Executive Director
Catherine Betts, JD

Email:
Catherine.a.betts@hawaii.gov
Visit us at:
humanservices.hawaii.gov
/hscsw/

235 S. Beretania #407
Honolulu, HI 96813
Phone: 808-586-5758
FAX: 808-586-5756

April 7, 2015

To: Hawaii State Board of Education

From: Cathy Betts
Executive Director
Hawaii State Commission on the Status of Women

Re: Testimony in Support of Condom Policy Change

The Commission supports sexual health education and opposes the condom ban. Please improve the health, safety and future of our youth by voting in favor of proposed policy 103.5 and voting to rescind proposed policy 103.8.

Hawaii's youth have one of the lowest rates of condom use in the nation. Additionally, our youth experience high teen pregnancy rates and sexually transmitted infection (STI) rates. The 2013 Hawaii Youth Risk Behavior Survey, compiled in conjunction with the Centers for Disease Control (CDC) and the DOE, found that 36% of teens in high school were having sex, 25% of those teens had multiple partners in the three months prior to the survey, and 54% of those teens did not use a condom. Even more startling, 18% reported never learning about AIDS or HIV infection in school. Finally, 24% used drugs or alcohol before their last sexual encounter. The CDC states that the solutions to these shocking realities are better health education, more comprehensive health services, more supportive policies, and more family involvement. The Commission supports policy 103.5 and respectfully requests that you pass 103.5 and repeal policy 103.8. Thank you for your time.

Testimony for the Board of Education("BOE") Meeting Tues. April 7, 2015

Please SUPPORT Sexual Health Education and OPPOSE the Condom Ban

Aloha to all BOE members:

My name is Jane Pascual, a resident of Downtown Honolulu/Chinatown area. I am submitting written testimony today in support of Sexual Health Education and in opposition to a ban on condoms in Hawaii's schools.

The reason I support Sexual Health Education in schools now is because if I had Sexual Health Education when I was attending school, then maybe things would have turned out differently for me and I would not have done some of the things I did as a child and a young adult. I firmly believe that if you talk to children (10 years old and up) in a matter-of-fact, educational, and concerned manner, the children are more likely to make better health decisions/choices and care about themselves/be more aware as they get older. The likely result will be that the child blossoms into a responsible, informed, educated, and healthy adolescent, then become a better version of him/herself into adulthood.

And once the child/teenager is made aware of his/her choices and consequences of teen sex and health issues, then condom education will hopefully lead to responsible and well-thought/planned choices; the young person would then know the ramifications of unprotected sex (i.e. pregnancy and/or transmission of possible sexually transmitted diseases, etc.). And hopefully the young person will be taught (in this sexual health education) to "talk about" these issues instead of "being caught up in the moment" and having to live with a decision that they otherwise do not want to deal with and that could impact their lives forever.

In conclusion, I'm asking for you to **VOTE IN FAVOR OF proposed Policy 103.5 and to RESCIND proposed policy 103.8.**

Thank you for reading and considering my Testimony.

Sincerely,



Jane Pascual

Downtown Honolulu/Chinatown Resident

To: Hawaii State Board of Education Student Achievement Committee
Hearing Date/Time: Tuesday, April 7, 2015, 11:30 a.m.
Place: Queen Liliuokalani Building, Rm. 404
Re: Testimony of Planned Parenthood of Hawaii in opposition to Proposed Policy 103.8

Dear Chair Lupenui and Members of the Student Achievement Committee,

Planned Parenthood of Hawaii writes in opposition to proposed Policy 103.8 as it will continue to harm the health and safety of our youth by preventing distribution of condoms and other prophylactic devices to students in the classroom, on the school campus or at any school-related activities.

Youth, families, communities and taxpayers, particularly those in rural and geographically remote areas, are paying the price for the condom ban.

The consequences of the condom ban are clear and severe. According to the Youth Risk Behavior Survey, Hawaii's teens rank lowest in the nation for condom use.¹ They rank lowest in the nation for use of any type of birth control to prevent pregnancy during intercourse. Hawaii's teen pregnancy rate is 9th highest in the country and costs Hawaii taxpayers around \$32 million per year.

Teens in rural and geographically remote areas are especially harmed by the condom ban, as they already have severely limited access to condoms simply because of where they live. Confidentiality, cost, transportation, and embarrassment compound this problem. Do we really expect teens in Lanai (or Molokai, or Pahoehoe, e.g.) to purchase condoms from auntie at the local store?

Hawaii's teen birth rate dramatically illustrates this problem: students from Waianae/Nanakuli and Molokai have the highest teen birth rates in the state, at over twice the national average. In Honokaa, over 1 out of every 2 teen girls of native Hawaiian or Pacific Island descent gives birth. In Laupahoehoe, the number is only slightly lower (just under 1 out of every 2).²

Condom availability programs are a positive investment in our youth with proven success. Combined with comprehensive sexual health education, condom availability programs have successfully reduced the risk of pregnancy and STI's amongst teens. The U.S. Centers for Disease

¹ National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, Division of Adolescent and School Health, HIV, STD and Other Teen Pregnancy Prevention and Hawaii Students (2013), available at http://www.cdc.gov/healthyyouth/yrbs/pdf/hiv/hi_hiv_combo.pdf.

² Hawaii Health Data Warehouse; Hawaii State Department of Health, Office of Health Status Monitoring, *Live Births in Hawaii (Residents Only), for Females Aged 15-19 Years, by School Complex and Mother's Race/Ethnicity, for the Aggregated Years 2008-2012*, (February 17, 2015).

Control and Prevention (CDC) states that “structural-level condom distribution interventions or programs (CD programs) are efficacious in increasing condom use, increasing condom acquisition or condom carrying, promoting delayed sexual initiation or abstinence among youth, and reducing incident STIs.”³

A review of multiple studies on the effectiveness of condom availability programs in the U.S. and elsewhere found “significant intervention effects... for the following outcomes: condom use, condom acquisition/condom carrying, delayed sexual initiation among youth, and reduced incident STIs.”⁴

A study performed in Holyoke and Springfield, MA found a “47% decrease in the rates of gonorrhea and chlamydia infection combined over three years after the implementation of a condom availability program [in a Holyoke school], whereas similar aged males in a Springfield school [without a condom availability program] had a 23% increase in the rates of gonorrhea and chlamydia infection.”⁵

Together with a comprehensive sexual health education program, a condom availability program could go far to reduce the rates of unintended pregnancy and STI's and encourage Hawaii's youth to make healthy, safe and responsible decisions.

Thank you for this opportunity to testify in opposition to proposed Policy 103.8.

Sincerely,
Laurie Temple Field
Director of Public Affairs & Government Relations

³ Atlanta: U.S. Centers for Disease Control and Prevention, *Condom Distribution as a Structural Level Intervention* (October 2010), available at http://www.cdc.gov/hiv/pdf/prevention_programs_condom_distribution.pdf.

⁴ Mahnaz R. Charania et al., *Efficacy of Structural-Level Condom Distribution Interventions: A Meta-Analysis of U.S. and International Studies, 1998-2007*, *AIDS and Behavior* 15.7 (October 2011): 1283-1297, available at <http://link.springer.com/article/10.1007%2Fs10461-010-9812-y>.

⁵ Sharon R. Wretzel, Paul F. Visintainer, and Laura M. Pinkston Koenigs, *Condom Availability Program in an Inner City Public School: Effect on the Rates of Gonorrhea and Chlamydia Infection*, *Journal of Adolescent Health* 49.3 (September 2011): 324-6, available at <http://www.ncbi.nlm.nih.gov/pubmed/21856527>.

To: Hawaii State Board of Education Student Achievement Committee
Hearing Date/Time: Tuesday, April 7, 2015, 11:30 a.m.
Place: Queen Liliuokalani Building, Rm. 404
Re: Testimony of Planned Parenthood of Hawaii in Support of Proposed Policy 103.5

Dear Chair Lupenui and Members of the Student Achievement Committee,

Planned Parenthood of Hawaii writes in support of proposed Policy 103.5 as it will promote the health and safety of our youth by ensuring that all public school students receive comprehensive sexual health education.

The current system is broken and our youth are suffering for it.

Our failure to provide students with a comprehensive, uniform program throughout our school system has resulted in poor health outcomes for Hawaii youth, at great cost to youth, families, communities and taxpayers. Currently, Hawaii's teens rank lowest in the nation for condom use and for use of any type of birth control to prevent pregnancy during intercourse. Hawaii's teen pregnancy rate is 9th highest in the country and costs Hawaii taxpayers around \$32 million per year.

Hawaii currently has no uniform program and little is known about participation rates, curriculum, or implementation or enforcement of current state law or policy. Policy 103.5 would create a framework for the Department of Education to implement a uniform program that would involve parents, provide transparency and ensure that students receive the most effective sexual health education.

Sexual health education is a positive investment in our youth with proven success.

Comprehensive sexual health education covers the wide array of topics that affect sexuality and sexual health. It is grounded in evidence-based, peer-reviewed science. Its goal is to promote health and well-being in a way that is developmentally appropriate. It includes information and communication skills building. Ideally, sex education in school is an integrated process that builds upon itself year after year, is initiated in kindergarten (with anatomy, puberty and sexual abuse, as appropriate), and is provided through grade 12.

Although parents and guardians should be the primary sex educators of their children, many parents are simply ill-equipped or uncomfortable having these conversations with their children – and so they may not happen. Compounding this problem is that children also receive messages about sexual health from many other sources - some of which may have more negative than positive impact. Schools and other

HONOLULU
1350 S. King Street, Suite 310
Honolulu, HI 96814
808-589-1149

KAUAI
Education and Outreach
808-482-2756

KONA
Education and Outreach
808-589-1156, ext. 243

MAUI
Kahului Office Center
140 Ho'ohana Street, Suite 303
Kahului, HI 96732
808-871-1176

community-based organizations can be important partners with parents to provide young people with accurate and developmentally appropriate sexual health education.

The goals of comprehensive sexual health education are to help young people gain a positive view of sexual health and to provide them with developmentally appropriate knowledge and skills so that they can make healthy decisions now and in the future. Medically accurate sexual health education is an investment in Hawaii children's future and well-being. Our "return on investment" could be a generation of young people who have heard more helpful messages about sexual health than the provocative media images and/or silences they currently witness. It could be a generation of women and men comfortable in their own skin, able to make well-informed, responsible decisions, form healthy relationships and take care of their bodies.

Sexual health education is widely supported.

Public opinion polls show that most Americans support sex education. Parents and students want sex education to be taught in our schools. In fact, Hawaii residents have shown that they support sexual health education in our public schools. Ninety-seven percent (97%) of participants stated that it was important for Hawaii public schools to include sexual health education in their curriculum in a 2012 survey conducted by SMS Research. While only half of the participants felt prepared to talk about sexual health with their youth, the majority of participants didn't feel that parents or schools were providing a sufficient amount of sexual health information. A majority also believed that education on most sexual health topics should begin in the middle schools, with some topics (such as anatomy, puberty, and sexual abuse) beginning in the elementary schools.

Hawaii's youth deserve the best and most effective health education and proposed Policy 103.5 will go far to ensure that students have the information and tools they need to make healthy, safe and responsible decisions.

Thank you for this opportunity to testify in support.

Sincerely,
Laurie Temple Field
Director of Public Affairs & Government Relations



KAMEHAMEHA SCHOOLS

WRITTEN TESTIMONY

By Wai‘ale‘ale Sarsona
Kamehameha Schools

Meeting Date: April 7, 2015
Queen Liliuokalani Building, Room 404

To: Committee Chairperson Lupenui, Committee Vice Chairperson Halagao and Members of the Committee

RE: **Testimony on 106.5 Focus on Students (GLOS)**

On behalf of Kamehameha Schools, we are writing in **support** of the approval and implementation of the new Hawaii general learner outcomes, which are built from a Hawaiian framework and foundation. A Kamehameha Schools representative was a member of the Working Group which developed the general learner outcomes and we believe that they support the direction of the Kamehameha Schools' Strategic Plan and long-term vision.

We appreciate the commitment and support that the Hawaii Department of Education and Board of Education members have given to the establishment of these general learner outcomes.

Founded in 1887, Kamehameha Schools is a statewide educational system supported by a trust endowed by Princess Bernice Pauahi Bishop, whose mission is to improve the capability and well-being of Native Hawaiian children through education. We serve K-12 students through campus programs on O‘ahu, Hawai‘i and Maui, and three-and-four-year-olds at preschool sites statewide. We believe that by continuing to be a part of the dialog around these policies, we can contribute in a positive and meaningful way.



"Cynthia Chiang" <CChiang@pphi.org>

04/06/2015 01:17 PM

To <boe_hawaii@notes.k12.hi.us>

cc

Subject Letter of support for comprehensive sexual health education

Dear Board of Education members,

I have worked as the Kaua'i Health Educator for Planned Parenthood of Hawaii for over 2 years. I have had the privilege of serving my island by providing youth and adults with age-appropriate, medically accurate information.

Without comprehensive sexual education, youth are not well-informed in order to make safer, more responsible health decisions. We can no longer turn a blind eye to Hawaii's #9 ranking for teen pregnancy nor the high teen rates for sexually transmitted infections.

The importance of a parental opt out policy also cannot be understated. A parental opt in policy allows for barriers to information especially to our high-risk students who do not have a supportive, open relationship with their families.

I also oppose Policy 103.8 which currently bans condoms in public schools. Studies have repeatedly shown that youth having access to condoms at their schools do not promote sexual activity and is supported by the American Academy of Pediatrics.

Comprehensive sexual health education relates to many challenges facing our islands -- high teen pregnancy and STI rates, domestic violence, and sexual assault prevention to name a few. The absence of comprehensive sexual health education represents a public health crisis as it can be related to negative health and social outcomes that affect island communities as a whole. I strongly support Policy 103.5 and urge members of the BOE to promote health education as a means of empowering our youth and strengthening our communities.

Sincerely,

Cynthia Chiang
Kaua'i Health Educator
Planned Parenthood of Hawaii (PPHI)

www.pphi.org
808.212.8865

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**



Kulia Petzoldt <tkpetzoldt@me.com>

04/06/2015 12:15 PM

To boe_hawaii@notes.k12.hi.us
cc
Subject Testimony Policy 103.5 and 103.8

To the Hawaii State Board of Education Student Achievement Committee,

As a mother of a ten year old girl who attends school in Kailua, I know that sex education in the school is a benefit to her and to her peers. I, myself, benefited from the direct information about sex education provided in Hawaii in the 1980s and expect that my child should have access to clear, direct, and scientifically supported sex education free from the influence of faith groups. This is a top issue for our family as parents, homeowners and voters in Kailua.

I stand in STRONG SUPPORT of Policy 103.5 requiring sexual education as part of a well rounded curriculum and STRONG OPPOSITION to 103.8's policy to ban condoms in schools.

Thank you for your consideration,
Kulia Petzoldt
Kailua, HI 96734

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**



Kevin Manuel <manuelkev@gmail.com>

04/06/2015 03:28 PM

To boe_hawaii@notes.k12.hi.us
cc Kevin Manuel
<manuelkev@gmail.com>
Subject Please support sexual health
education and OPPOSE the condom
ban

Aloha,

My name is Kevin Manuel and I live in Central O'ahu. I support sexual health education and I oppose the condom ban. Please improve the health, safety and future of our youth by voting in favor of proposed policy 103.5 and voting to rescind proposed policy 103.8. I am a parent of 3 elementary aged children, one of which is approaching middle school. I am thankful that the private schools that they attend do include sexual health education which includes information on Sexually Transmitted Disease prevention. Condom demonstrations are a critical piece to the skill development that promotes self advocacy and protecting oneself from diseases that can alter and change lives. Investing in to our children is the foundation of our future and having Hawai'i being last on the list for condom use is distressing to me as a parent. That means that the majority of our youth are not getting the proper education in this area. Condoms and sexual health education is a protective factor not a promotion of sexual activity.

Mahalo for your time,

--

Kevin Manuel

**

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**



Naomi Manuel <naomi.manuel@gmail.com>

04/06/2015 03:12 PM

To boe_hawaii@notes.k12.hi.us

cc

Subject Support Sexual Health Education and
Oppose the Condom Ban

Aloha,

My name is Naomi Manuel and I live in Aiea. I support sexual health education and I oppose the condom ban. Please improve the health, safety and future of our youth by voting in favor of proposed policy 103.5 and voting to rescind proposed policy 103.8. I am a parent of 3 elementary aged children, one of which is approaching middle school. I am thankful that the private schools that they attend do include sexual health education which includes information on Sexually Transmitted Disease prevention. Condom demonstrations are a critical piece to the skill development that promotes self advocacy and protecting oneself from diseases that can alter and change lives. Investing in to our keiki is the foundation of our future and having Hawai'i being dead last on the use of condoms is distressing to me as a parent. That means that the majority of our youth are not getting the proper education in this area. These are children that my children will play with, interact with, become friends with and (heaven forbid, possibly) engage in activities that teenagers do behind their parents' backs; clearly with out their permission. We all need to be logical and sensible about this. Condoms and sexual health education is a protective factor not a promotion of sexual activity.

Malama pono,
Naomi Manuel

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**



Ilana Buffenstein <ilanab@hawaii.edu>

04/06/2015 03:43 PM

To boe_hawaii@notes.k12.hi.us
cc
Subject in favor of 103.5, rescind 103.8

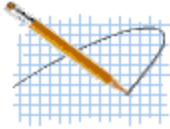
Aloha, my name is Ilana Buffenstein and I live in Honolulu. I support sexual health education and I oppose the condom ban. Please improve the health, safety and future of our youth by voting in favor of proposed policy 103.5 and voting to rescind proposed policy 103.8. Thank you for your consideration,

Ilana Buffenstein

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**



"Teri Heede" <lady.flach@gmail.com>

04/06/2015 04:26 PM

To <boe_hawaii@notes.k12.hi.us>
cc
Subject SUPPORT SEXUAL HEALTH
EDUCATION & OPPOSE CONDOM
BAN

Aloha!

I would appreciate your approving sexual health education and opposing the condom ban by voting in favor of proposed policy 103.5 and rescinding proposed policy 103.8.

As a grandmother and mother I appreciate the idea that we can guide our children through life based on our experiences and knowledge. We need the necessary tools to assist us in making sure our youth are safe and well educated about their bodies.

Policy 103.5 is just such a tool.

Mahalo for using your vote to support our children!
Teri Heede

92-994 Kanehoa Loop
Kapolei, HI 96707

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**



Jamie Pardau <jpardau@gmail.com>

04/06/2015 04:21 PM

To boe_hawaii@notes.k12.hi.us

cc

Subject Proposed Policy 103.5 and 103.8

Aloha,

I am a retired educator who cares deeply about the health and safety of our keiki. As a teacher both here and on the mainland, I saw the importance of accurate information about reproduction when adolescents reach the years of curiosity and increased hormones. I would like to see every student have the opportunity to complete school and enter his or her adult years free of STDs and early parenthood. To this end, I request that you vote in favor of proposed policy 103.5, requiring that our curriculum include sex education. I also urge you to rescind proposed policy 103.8 which would ban condoms in schools. This is not an issue of permissiveness. It is the best way to educate our youth about healthy choices.

Mahalo,

Jamie Pardau

Kailua Kona HI

**

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**



Susan Wurtzburg
<susan.wurtzburg@gmail.com>

04/06/2015 07:32 PM

To boe_hawaii@notes.k12.hi.us
cc
Subject Please support sexual health
education (Policy 103.5) & oppose
condom ban (Policy 103.8)

Aloha Members of the Hawaii State Board of Education Student Achievement Committee,

I have been involved in tertiary education at the U of Hawaii - Manoa for a number of years. I teach a number of courses in Sociology, and I have been shocked by my students accounts of their sexual health education in schools here. It is so minimal, and as a result, most semesters, I have students who become pregnant unintentionally. This is a major issue in this state, and there are many factors at play, but one of them is body ignorance. **Please, provide Hawaii students with medically accurate, age appropriate sexual health education in the curriculum.** I received this information growing up in Canada, and my understanding of health allowed me to continue my education, without getting pregnant or getting an STI, and allowed me to plan our future with my husband, rather than have my future determined for me by poor knowledge of my body.

In addition, **please do not ban condoms in educational settings.** If students are going to be sexually active, it is far better to allow them the opportunity to minimize the risks of pregnancy and STIs, rather than punishing them for their activities. Pregnancy results in young women leaving school, abandoning plans of higher education, and ultimately, suffering from diminished career possibilities. The harms from banning condoms often last a lifetime for the young people affected.

In conclusion, please **SUPPORT HEALTH EDUCATION (POLICY 103.5)**, and please **DO NOT IMPLEMENT A CONDOM BAN (POLICY 103.8).**

Thanks,

Dr. Susan J. Wurtzburg
549 Kawaihoa Road, Kailua, HI 96734

**

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**



pwwjoan@gmail.com
Sent by: pwwjoan@gmail.com
04/06/2015 09:12 PM

To boe_hawaii@notes.k12.hi.us
cc
Subject Subject: Please support sexual health
education and oppose the condom ban

Aloha, my name is Joan Rich and I was born and raised in Honolulu. I support sexual health education and I oppose the condom ban. Please improve the health, safety and future of our youth by voting in favor of proposed policy 103.5 and voting to rescind proposed policy 103.8.

It's been many decades since I was in public school. I think we had basic anatomy information in health class, but it would have been helpful to have more information on sexuality as we were growing up. Knowledge is always better than ignorance. Adolescents need to know how to prevent disease and unwanted pregnancies in case they give in to the rule of raging hormones as so many do, and I believe condoms should be available to them with as little obstruction as possible.

Thank you for your consideration.

Aloha,

Joan Rich

3777 Pukalani Place

Honolulu, HI 96816

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**



Kelly Roberts <robertsk@hawaii.edu>

04/06/2015 05:20 PM

To boe_hawaii@notes.k12.hi.us

cc

Subject Support Policy 103.5, Oppose policy 103.8

Aloha, please consider voting as indicated on the following bills.

a) Support Policy 103.5, requires sexual education to be a part of the school systems curriculum

b) Oppose policy 103.8 which bans condoms in public schools.

As you know, Hawaii has very high rates of teen pregnancy and virtually leads the nation in STIs. Now is not the time to remove sexual health education from our public schools. Our youth are faced with social media and other venues that promote promiscuous sex and in many cases normalize it. Youth need to be made aware of the consequences of all forms of sex so they can make informed choices and protect themselves and their partners. Ignorance will not make sex, nor the negative consequences of it, go away.

In addition, research supports the use of condoms as a barrier to prevent the transmission of STIs. Your child is going to engage in sex - it's just a matter of when, don't you want them to be protected?

Lastly, I cannot find any research that indicates that NOT educating youth about sexual health and pregnancy and STI prevention decreases pregnancy and STI transmission. However, there is research that indicates that comprehensive, medically accurate, sexual health education does *decrease* teen pregnancy and STI transmission.

Some of the research is cited below.

Mahalo for your consideration.

1. Baldo M et al. Does Sex Education Lead to Earlier or Increased Sexual Activity in Youth? Presented at the Ninth International Conference on AIDS, Berlin, 6-10 June 1993. Geneva: World Health Organization, 1993.
2. United Nations Joint Programme on HIV and AIDS. *Impact of HIV and Sexual Health Education on the Sexual Behaviour of Young People: a Review Update. [UNAIDS Best Practice Collection]* Geneva: UNAIDS, 1997.
3. Institute of Medicine, Committee on HIV Prevention Strategies in the United States. *No Time to Lose: Getting More from HIV Prevention*. Washington, DC: National Academy Press, 2001.
4. Kirby D. *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy*. Washington, DC: National Campaign to Prevent Teen Pregnancy, 2001.
5. Alford S et al. [Science and Success: Sex Education and Other Programs that Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections](#). Washington, DC: Advocates for Youth, 2003, 2008.
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April 7, 2015

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To: Cheryl Ka'uhane Lupenui, Chair
Patricia Halagao, Vice Chair and
Members of the Student Achievement Committee

From: Jeanne Y. Ohta, Co-Chair

RE: Supporting 103.5 Sexual Health Education
Opposing 103.8 Prophylactics in the Public Schools

OPPOSING POLICY 103.8

The Hawai'i State Democratic Women's Caucus writes in opposition to policy 103.8 Prophylactics in the Public Schools which would prohibit the distribution of condoms and other prophylactic devices to students in the classroom, on the school campus or at any school-related activities. This restrictive policy is not in the public interest and is not smart public health policy; especially as the DOE and the DOH are contemplating school-based health programs.

Hawaii's teens rank lowest in the nation for condom use and have high rates of sexually transmitted diseases. Hawaii's youth also rank lowest in the nation for use of any type of birth control to prevent pregnancy during intercourse. The consequences are severe — Hawaii's teen pregnancy rate is 9th highest in the country and costs Hawaii taxpayers around \$32 million per year.¹

The Board of Education must also be aware of the high rates of birth to teens 15-19 in Hawai'i. Twenty-six school complexes have higher than the national average birth rate.² These are terrible outcomes for our communities. As a public health matter, we cannot stand by and allow our teens to continue to have unprotected sex which places them at risk for unplanned pregnancies and sexually transmitted infections. Condom availability in the schools, when combined with a comprehensive program of sex education, would help teenagers become more sexually responsible. The data show that this policy must be changed and we ask the committee to oppose 103.8.

SUPPORT POLICY 103.5 SEXUAL HEALTH EDUCATION

The Hawai'i State Democratic Women's Caucus writes in support of this policy. The goal of comprehensive sex education is to promote health and well-being in a way that is developmentally appropriate. Medically accurate sex education is an investment in our children's future well-being. By providing effective sex education, we will have a generation of young people who have heard more helpful messages about sexual health than the provocative media images they currently witness. This

¹ thenationalcampaign.org

² Hawaii Health Data Warehouse; Hawaii State Department of Health, Office of Health Status Monitoring, Live Births in Hawaii, for Females Aged 15-19 Years, by School Complex and Mother's Race/Ethnicity, for the Aggregated Years 2008-2012, 2/17/2015.

generation will be able to make well-informed, responsible decisions; form healthy relationships; and take care of their bodies.

Hawaii residents have shown that they support sexual health education in our public schools. Ninety-seven percent (97%) of participants stated that it was important for Hawaii public schools to include sexual health education in their curriculum in a 2012 survey conducted by SMS Research. While only half of the participants felt prepared to talk about sexual health with their youth, the majority of participants didn't feel that parents or schools were providing a sufficient amount of sexual health information. A majority also believed that education on most sexual health topics should begin in the middle schools, with some topics (such as anatomy, puberty, and sexual abuse) beginning in the elementary schools.

Page | 2

We ask that the committee support Policy 103.5.



"Gay Armsden" <g.armsden@hawaiiantel.net>

04/06/2015 04:38 PM

To <boe_hawaii@notes.k12.hi.us>

cc

Subject Please support sexual health
education

Aloha,

Please improve the health, safety and future of our youth by supporting proposed policy 103.5, which requires sexual education to be a part of the school systems.

Please consider these two points:

- (1) Having youth participate in sexual health education programs *before* they become sexually active has been found to more effectively delay the onset of sexual activity and deter unhealthy behavior.
- (2) Comprehensive sex education does not prevent parents from teaching their children their standards for moral behavior.

The most effective sex education programs tend to be the ones that try to steer teens away from specific activities that are particularly high risk. These comprehensive programs give students realistic and factual information about the safety of various sexual practices, and how to improve the odds against pregnancy and STD's.

You already know that Hawaii teens have the lowest rate of condom use in the country, high rates of STD's and teen pregnancy. You also know that this costs Hawai'i taxpayers \$37 million per year. So you know that Hawai'i drastically needs comprehensive sexual education in the grades when it will do the most good.

Thank you for giving this your attention.

Respectfully,
Gay Armsden
Kailua

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Mike Wooten <mbwooten@gmail.com>

04/07/2015 12:17 AM

To boe_hawaii@notes.k12.hi.us

cc

Subject BOE policy 106.3

Dear Sir or Ma'am,

The current BOE policy on attendance seems to be missing two key points: 1) Accountability to parents for minors, and 2) Community communication and accountability.

The flexibility for schools to create a plan individualized to their own needs should be preserved, but schools should be required to make a plan that outlines the processes and expectations for how they would tackle these issues, and to report that plan to the communities they serve. To this end, I would suggest two changes to the policy.

1) Have the DOE require schools to submit a plan outlining the time frame between when they will know that a student is absent and when parents are notified, as well as the method of communication.

Right now, there aren't any requirements for schools to contact parents within any sort of a reasonable time frame. The state requires parents to release minors into the custody of a school, but many high schools do not contact parents during the school day when a student doesn't report to their destination - leaving minors unaccounted for long periods of time. After speaking with a lawyer specializing in education lawsuits, there could be serious legal liability issues here, especially considering that current policies have already failed to prevent the serious injury or death of students. The parents of those students could argue negligence on the part of the school and the DOE.

2) Have the DOE require schools to come up with a community communication plan and stipulate that the attendance plan mentioned above should be shared with the community at the start of each school year along with attendance data at regular intervals as the year progressed

When a new assistant principal came in to my school and started digging into our schools attendance reporting statistics, he found that the average teacher attendance turn-in rate was little over 60% for the previous five years. At times, we had as much as 40% of teachers not turning in attendance on any given day. This also means that inadequate reporting heavily skewed the +90%

attendance rates reported by the school.

The DOE does not have the capacity to look at all the data and make sure that schools are in compliance, but this is why accountability to the community is so important. This never would have happened had that information been publicly accessible or reported. Thirty to forty percent of teachers not reporting attendance for at least a five-year span is almost unfathomable, and a community would not stand for it.

When I was on the Makiki Neighborhood Board, I noticed that at nearly every neighborhood board meeting on the island the police show up and report crime statistics for the community; The fire department shows up and reports emergency statistics for the community; The Board of Water Supply shows up and talks about usage and improvement; There are governors representatives and state policy makers from nearly every office and entity except the one place to which we entrust our most important investment - our kids. Our schools need to find a way to communicate and stay accountable to the community. Let the school decide how it wants to communicate - be it by website or community meeting - but ask the school to submit a plan on when, where, and how often they will be reporting their attendance data to the community.

While a focus on chronic absenteeism is great, teachers are experiencing something much bigger in terms of the way our absenteeism policy is shaping our school culture. As an example, I only have three or four students that would be flagged on the early warning system, but about a third or more of my classes would consider skipping one day of school a week to be no big deal. As a result, I have about a twenty to thirty absences a week, excused and unexcused. One day a week of missing school isn't enough to trigger a student to be flagged, but it is enough to have me and them continually trying to catch up - resulting in a workload that negatively impacts the substantive feedback and guidance I am able to provide, as well as the standards I am able to reasonably uphold. The workload this creates for teachers is huge, and with heavy due-diligence processes required to fail a student, some teachers are just not able to keep up and so standards are compromised. I've talked to teachers about this happening at Roosevelt, Waianae, and Waialua so far.

I think if we can get attendance fixed though, we can improve our school culture and teacher efficacy at the same time. We will make school attendance serious business for students and ease the absenteeism workload for teachers - which will allow them to keep high standards for teaching and learning in their classroom. It will take work to do this on a DOE level, but if the DOE can invest so much energy into EES and Common Core to ensure there are standards and accountability in our classrooms, then they can invest more into accounting for minors and

staying accountable to communities for their own responsibilities.

Mahalo for your time and attention,

Mike Wooten

English Teacher & SLC Facilitator

James Campbell High School

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Michael B. Wooten
808-224-6057

"It's not that I'm so smart, I just stay with problems longer."

- Einstein

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