General Business Meeting

April 21, 2015

Discussion on Student Achievement Committee recommendation concerning Board Policy 103.5 Sexual Health Education

DAVID Y. IGE
GOVERNOR

KATHRYN S. MATAYOSHI
SUPERINTENDENT

STATE OF HAWAI`I

DEPARTMENT OF EDUCATION

P.O. BOX 2360

HONOLULU, HAWAI`I 96804

OFFICE OF CURRICULUM, INSTRUCTION AND STUDENT SUPPORT

April 21, 2015

TO: The Honorable Donald G. Horner
Chairperson, Board of Education

THROUGH: Kathryn S. Matayoshi
Superintendent

FROM: Leila Hayashida
Assistant Superintendent, OCISS

SUBJECT: **Discussion on Student Achievement Committee recommendation concerning Board Policy 103.5 Sexual Health Education**

1. DESCRIPTION

Status update for opt-in/opt-out to/from participation in sexual health education.

2. UPDATE

The department worked extensively on the issue of opt-in/opt-out via a work group of representatives from a range of perspectives. No student is required to participate in sexual health education. In June 2014, the DOE strengthened the role of parents in this decision by changing its policy from an *opt-out* to an *opt-in*. Beginning in the 2014-15 school year, all parents must sign an opt-in form permitting their children to participate in sexual health education.

Attached is the Pono Choices Implementation report done by the work group and the recommendations. Please note on page 15, the discussion on opt-in and opt-out, and the recommendation to change department policy on page 16. No further action has been taken by the department, and we stand by the recommendations made and implemented in school year 2014-15.

KSM:LH:itk
Attachment

c: Office of Curriculum, Instruction and Student Support

HAWAII STATE DEPARTMENT OF EDUCATION

IMPLEMENTING SEXUAL HEALTH EDUCATION: BACKGROUND AND ACTIONS FOR IMPROVEMENT

June 2014

TABLE OF CONTENTS

Preface by Deputy Superintendent Ronn Nozoe – pg 3
Overview - pg 4

Part I – Sexual Health Education in Hawaii: Background
1. Hawaii's students are sexually active and at risk of disease and pregnancy - pg 6
2. State laws and policies designed to prevent pregnancy and disease- pg 7
3. Academic standards clarify expectations for sexual health education – pg 8
4. Course, Instructional Time, and Graduation Requirements- pg 9
5. Roles and responsibilities for developing and selecting curriculum and instructional materials- pg 9
6. Data collection on use of curricula or instructional materials- pg 11
7. Controversial issues policies and parent opt-out processes- pg 11

Part II – Pono Choices: Background and Recommendations

1. UHM-CDS receives federal grant to implement Pono Choices- pg 12
2. About the Pono Choices Curriculum- pg 13
3. About the Pono Choices research project - pg 14
4. Pono Choices implementation in Hawaii Public Schools – pg 15
5. Parental involvement in Pono Choices – pg 15
6. Pono Choices public discourse SY2013-14Pono Choices Review Panel – pg 16
7. Pono Choices Review Panel – pg 17
8. DOE Recommendations to UHM-CDS re: Pono Choices Curriculum – pg 17

Closing – pg 18

Appendices
A. Sexual Behavior Among Hawaii's Youth: 2011 Results from Youth Risk Behavior Study, by county – pg 19
B. Hawaii Content Performance Standards III Standards: Health, Grades 6 - 8 – pg 20
C. State Approved Sexual Health Education Curricula – pg 21
D. Sample parent opt-in letter from King Intermediate School – pg 23
E. School-level Pono Choices Implementation History - pg 24
F. Public Comments on Pono Choices – pg 25
G. Recommendations from the Pono Choices Stakeholder Panel and individual panelists – pg 26
H. Responses to the Report Provided by Representative McDermott – pg 28

Readers are encouraged to read the companion report on this issue, *Stakeholder Panel Review: Pono Choices Curriculum, February – May 2014: Final Report,* for more information about the panel's work, a summary of its discussions, and a list of its recommendations for improving the curriculum.

PREFACE

Sex education is among the most personal issues addressed in schools. Families and community members have strong opinions about what, when and how such issues should be covered in schools.

There has been some public discourse about *Pono Choices*, a sexual health education curriculum developed and owned by the University of Hawaii's Center on Disability Studies. As part of a UH research study, a handful of middle schools chose to train teachers and implement *Pono Choices*.

As a public school system, the Hawaii State Department of Education follows statutory requirements, Board of Education policies and nationally recognized guidance to inform curriculum development and adoption. Among our policies is the requirement to implement an abstinence-based health education that includes information about abstinence and skill development to prevent sexually transmitted infections (STI) and pregnancy.

A recent study showed that about one in every four public high school students reported being sexually active – but only half of them used contraceptives. Hawaii adolescents from ages 15 through 19 have the nation's highest rates of STIs and the number continues to rise.

Given these alarming statistics, the DOE welcomes public discussion about sexual health education and *Pono Choices*.

The Department decided to convene a diverse working group of education and health professionals, as well community members of various backgrounds. This was the first step in response to public feedback over the *Pono Choices* curriculum. Members were recruited to provide a balanced and broad set of perspectives: medical experts, prevention specialists, educators and parents. As the chair of the panel, I was proud of the group's ability to discuss sensitive and controversial issues in such a productive manner. Conversations were substantive; members often disagreed, but did so respectfully and professionally.

To supplement the group's work, I directed an initial review of internal policies and processes related to curriculum development and selection, external research project approval, and parental information and opt-out. These findings, along with our planned actions and recommendations to UHM-CDS and the Board, are published in this report.

The public was also provided an opportunity to submit comments. Approximately 800 submissions were received. Themes from those comments are included in this report and range from highly critical to highly supportive.

We hope these two reports and our subsequent actions will put this issue behind us. The curriculum at the center of the controversy is implemented in a handful of schools. While families and community members of students in other schools may not have known the curriculum, every family of every student in a health class implementing Pono Choices received a notification letter and an option to opt-out.

Our public education system is doing its best to meet our obligation to educate all students while navigating a sensitive and divisive issue. As an educator, parent and community member, I value our collective effort and shared agreement that we must address the high rates of pregnancy and sexually transmitted infections among Hawaii's youth.

Ronn Nozoe, Deputy Superintendent

Adapted from opinion piece in April 6, 2014 Honolulu Star Advertiser

OVERVIEW

The Hawaii State Department of Education (Department) and Board of Education (Board) have received feedback from various stakeholders regarding *Pono Choices*, a sexual health education curriculum, implemented in some middle schools as part of a research study conducted by the University of Hawaii at Manoa's Center on Disability Studies (UHM-CDS).

In response to this feedback, the Department took several steps to review the Pono Choices curriculum and implementation process.

Initially the Department sought to convene a Pono Choices Stakeholder Review Panel to review the content of the curriculum. Readers are encouraged review *Stakeholder Panel Review: Pono Choices Curriculum, February – May 2014: Final Report,* for more information about the panel's work, a summary of its discussions, and a list of its recommendations for improving the curriculum.

To supplement the Panel's work on the content of the curriculum, the Department reviewed statute, Board policies, and Department regulations and internal processes to identify other areas of improvement. Through that effort, the Department has identified several areas of improvement. This report, *Implementing Sexual Health Education: Background and Actions for Improvement,* provides background information outside the scope of the panel, captures the findings of the internal process reviews, and documents planned actions for improvement. It is organized into two sections:

> **PART I – SEXUAL HEALTH EDUCATION IN HAWAII: BACKGROUND** summarizes data on sexual behaviors among Hawaii's youth; state laws and policies regarding sexual health education; information about academic standards, curriculum, instructional materials related to sexual health education; and Board of Education and Department of Education policies regarding parental engagement and choices.
>
> **PART II - PONO CHOICES: BACKGROUND AND RECOMMENDATIONS** provides background information on the development, funding, and implementation of Pono Choices; summarizes the work of the Department's Pono Choices Review Panel that was convened in response to public concerns; and announces the Department's recommendations for improvements to the curriculum.

Throughout the report, red-shaded boxes note related public comments and green-shaded boxes summarize related actions the Department will take. Acknowledging the length of this report, the Department's planned actions and recommendations embedded throughout the report are excerpted and summarized thematically below:

DEPARTMENT'S RECOMMENDATIONS TO THE UHM-CDS RE: PONO CHOICES CURRICULUM

- While the Pono Choices curriculum is developed and owned by the UHM-CDS and the Department does not have the authority to amend the curriculum itself, the Department is formally requesting that UHM-CDS consider addressing the specific recommendations found on page 17 and submit a revised version for review and approval in advance of SY14-15.Schools shall not implement the Pono Choices curriculum in SY14-15 until the Department has received a revised version of the curriculum for review and approval for use.

DEPARTMENT'S PLANNED ACTIONS TO IMPROVE INTERNAL PROCESSES

Strengthen parent awareness of and role in sexual health education options

- Change the current requirement to provide parents an option to *opt-out* of sexual health education to an *opt-in.*
- Require parent notification letters to offer an opportunity for parents to review materials or discuss activities with the teacher or administrators.

- Recommend that schools implementing a new curriculum, program, or other activity covering controversial issues proactively host a family night or information briefing to educate families.
- Provide a customizable template for opt-in parent letters

Improve public information about sexual health education

- Disseminate updated Youth Risk Behavioral Survey results.
- Work with UHM-CDS to publish a short resource for parents that summarizes nationally-recognized research on sexual health education and strategies for behavior prevention.
- Make information about academic standards, including sexual health education standards, more accessible and user-friendly on the Department's public website www.hawaiipublicschools.org.

Review sequencing and timing of health education and science courses

- Review the research and practices in other states and districts to determine if the timing of health courses, including sexual health education, and science courses covering life sciences are designed and timed to be the most developmentally appropriate and effective.

Improve internal processes for curriculum development, review, approval, and data collection

- Define a clear process for curriculum and instructional materials review and approval that reflects state law and Board policy regarding roles and responsibilities and:
    - Differentiates between approval for research, pilot, and statewide use
    - Differentiates between approval as recommended, exclusive, or mandated
    - Clarifies decision-making process and escalates decision-making for curriculum and materials regarding controversial topics
    - Standardizes materials vetting process and stakeholder involvement
    - Clarifies availability of evaluation criteria and evidence-based process for school-based selection of materials
    - Annually announce, internally and to the public, a list of state reviewed, approved or mandated curriculum or instructional materials.
- Explore the development of a regular curriculum and instructional materials review cycle.
- Explore the feasibility of an annual information collection from schools to identify curricula and instructional materials that are being implemented. Any such data collection must be done in manner that maximizes utility and minimizes burden on school staff.
- Re-review approved sexual health education curriculum to identify and address and concerns similar to those identified for Pono Choices.

DEPARTMENT'S RECOMMENDATIONS TO THE BOARD

- The Department recommends that the Board of Education review, as part of its ongoing Board policy audit, policies 2210 and 2245 to provide clarity around the context for discussions about prophylactic devices.

PART I – SEXUAL HEALTH EDUCATION IN HAWAII: BACKGROUND

This section summarizes:

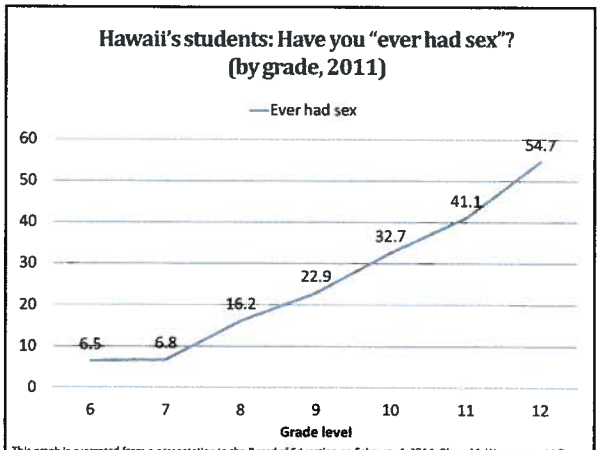
- Data on sexual behaviors among Hawaii's youth
- State laws and policies regarding sexual health education
- Information about academic standards, curriculum, instructional materials related to sexual health education
- Board and Department policies regarding parental engagement and choices

1. Hawaii's students are sexually active and at risk of disease and pregnancy

Hawaii's students, like their counterparts across the country, are at risk of experiencing unintended pregnancies and the spread of sexually transmitted infections (STIs) including HIV. The good news is that Hawaii's students are less sexually active than their peers nationally.

However, a significant percent of Hawaii's students are sexually active. Data from the 2011 Youth Risk Behavior Survey[i] demonstrates that:

- 10.4% of middle school students and 37 % of Hawaii's high school students report ever having had sex
- 24% of Hawaii's high school students reporting having had sex in the past 3 months
- The largest jump in sexual initiation occurs between 7th and 8th grade.
- By 9th grade, almost 1 in 4 students have had sex and by 12th grade, more than half report they have had sex
- Among high school students, 36 percent report having experienced oral sex and 13 percent report having experienced anal sex.



This graph is excerpted from a presentation to the Board of Education on February 4, 2014, Glenn M. Wasserman, M.D., M.P.H, Chief, Communicable Disease and Public Health Nursing Division at the Hawaii Department of Health summarized data regarding "Sexual Activity, Pregnancy and Sexually Transmitted Infections among Hawaii Teens."
Source: 2011 YRBS

The bad news is that Hawaii's sexually active teens are less likely than their national peers to use protection. Among those who were currently sexually active:

- Only 44 percent reported using condoms at last intercourse – the lowest percentage of any state in the nation.
- 20 percent report they did not use any method to prevent pregnancy during their last sexual intercourse – only one state had a higher percentage.

And Hawaii's teens are more likely to face serious consequences for their risky behaviors.

- While both Hawaii's teen pregnancy and birth rates have declined over the last decade, Hawaii has the nation's 10th highest teen pregnancy rate at 93 pregnancies per 1,000 young women ages 15-19.
- 9% of births statewide are to women ages 15 -1 9
- STIs are a major concern for Hawaii's youth. Hawai`i has the 6th worst Chlamydia rate in the nation.
- 1 in 4 sexually active adolescent females have an STI

See Appendix A for a summary of reports published by the Hawaii Health Data Warehouse (HHDW) that break this data down by county. The CDC is expected to release the 2013 national, state, and local YRBS results on June 12, 2014.

ACTIONS

- The Department's Office of Curriculum, Instruction, and Student Support (OCISS) will work with the Office of Communications to disseminate updated YRBS results.
- The Department's Office of Curriculum, Instruction, and Student Support (OCISS) will work with UHM-CDS to

publish a short resource for parents that summarizes nationally-recognized research on sexual health education and strategies for behavior prevention.

2. State laws and policies designed to prevent pregnancy and disease

There are several state laws and policies in place to help prevent teen pregnancy and the spread of sexually transmitted infections through a comprehensive, abstinence-based sexual health education.

In 1995, the Board of Education (Board) established Policy 2210 requiring the Hawaii State Department of Education (Department) to implement a comprehensive, abstinence-based education.

"In order to help students make decisions that promote healthy behaviors, the Department of Education shall instruct students that abstention from sexual intercourse is the surest and most responsible way to prevent unintended pregnancies, sexually transmitted diseases such as HIV/AIDS, and consequent emotional distress.

The abstinence-based education program shall:

a. support abstention from sexual intercourse and provide skill development to continue abstention;
b. help youth who have had sexual intercourse to abstain from further sexual intercourse until an appropriate time; and
c. provide youth with information on and skill development in the use of protective devices and methods for the purpose of preventing sexually transmitted diseases and pregnancy."

State law (Hawaii Revised Statutes §321-11.1) establishes requirements for any state-funded sexuality health education programs.

"Medically accurate sexuality health education.
(a) Sexuality health education programs funded by the State shall provide medically accurate and factual information that is age appropriate and includes education on abstinence, contraception, and methods of disease prevention to prevent unintended pregnancy and sexually transmitted disease, including human immunodeficiency virus.

(b) For the purposes of this section:
"Age appropriate" means suitable to a particular age or age group based on developing cognitive, emotional, and behavioral capacity typical for that age or age group.
"Factual information" means medical, psychiatric, psychological, empirical, or statistical information that is verified or supported by research conducted by recognized medical, psychiatric, psychological, and public health professionals or organizations.
"Medically accurate" means verified or supported by research conducted in compliance with accepted scientific methods and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, such as the federal Centers for Disease Control and Prevention (CDC), the American Public Health Association, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists.
"Sexuality health education" means education in any medium regarding human development and sexuality, including education on pregnancy, family planning, and sexually transmitted diseases. [L Sp 2009, c 27, §2]."

Related Public Comments: Eliminate sex education

Some of the public comments submitted to the Department about Pono Choices advocated that the Department eliminate sex education entirely.

Please note that the elimination of sex education from public schools would require a change to Board policy.

Related Public Comments: Abstinence-based vs. abstinence-only

Some of the public comments advocated for a shift from abstinence-based to abstinence-only education.

Please note that the Department is required to comply with both state law and board policy, both of which require an abstinence-based approach that includes information about contraception and prevention methods in addition to abstinence.

A shift to abstinence-only would require a change in both state law and Board policy.

Additionally, Board Policy 2245, adopted in November 1994, clarifies the role of prophylactics in the public schools.

"The Board of Education is committed to the health education of our students which may include, within its study of human reproduction, a discussion of birth control devices but the distribution of condoms and other prophylactic devices to students shall be prohibited in the classroom, on the school campus or at any school-related activities."

ACTIONS

BOE Policy 2245 permits the discussion of prophylactic devices within the study of human reproduction. The subsequently- approved BOE Policy 2210, directs the Department to implement a comprehensive abstinence-based sexual health education program.

Human reproduction is typically studied in depth in science classes. The comprehensive abstinence-based sexual health education program is typically taught in health classes. As a result, the discussion of birth control devices (including condoms) included in health classes is not necessarily in the context of the study of human reproduction, but in the pregnancy and disease prevention context, which does include basic information about the reproduction process.

The Department recommends that the Board of Education review, as part of its ongoing Board policy audit, policies 2210 and 2245 to provide clarity around the context for discussions about prophylactic devices.

3. Academic standards clarify expectations for sexual health education

While the state laws and Board policies described above provide high-level guidance for sexual health education, additional specificity is found in the state's *academic standards*. The Board has the authority to adopt academic standards for implementation in all public schools. Academic standards describe what students should know and be able to do in each subject in each grade.

Hawaii began implementing a standards-based education in 1991. The Board most recently adopted the Hawaii Content and Performance Standards III (HCPS III)[ii] in 2005 and the Common Core State Standards in English Language Arts and Mathematics, known locally as the Hawaii Common Core, in 2010.[iii]

The HCPS III define essential content and skills in nine content areas: Career and Technical Education, Fine Arts, Health, Language Arts, Math, Physical Education, Science, Social Studies, and World Languages. The standards can be reviewed on the Hawaii Standards Toolkit searchable online database.

The HCPS III for Health Education was patterned after the National Health Education Standards, established in 1995 (updated in 2005). A joint committee of education, health, university, and community representatives developed local benchmarks and performance indicators to address health education needs in Hawaii. The box to the right lists the HCPS III for Health's seven standards and seven priority risk/content areas.

HCPS III for Health Education

1. Students comprehend core concepts related to health promotion and disease prevention. All standards must be taught in the following content (topic) areas:
   i. Promote Mental and Emotional Health
   ii. Promote Healthy Eating and Physical Activity
   iii. Promote Personal Health and Wellness
   iv. Promote Safety and Prevent Unintentional Injury and Violence
   v. Promote Tobacco-Free Lifestyle
   vi. Promote an Alcohol and Other Drug Free Lifestyle
   vii. Promote Sexual Health and Responsibility
2. Students access valid health information and health promoting products and services.
3. Students practice healthy behaviors and reduce health risk.
4. Students analyze the influences of media, culture, technology, and other factors to enhance health.
5. Students use interpersonal communication skills to enhance health.
6. Students use goal setting and decision-making skills to enhance health.
7. Students advocate for personal, family, and community health.

Each standard includes benchmarks that provide guidance for educators in applying the content standards at different grade levels. The benchmarks are a specific statement of what a student should know or be able to do (related to the topic) at a specific grade level or grade level cluster. For example, see the benchmark below related to sexual health and responsibility.

Content Area	Grade / Course	Standard	Topic	Code	Benchmark
Health	6-8	1: CORE CONCEPTS: Understand concepts related to health promotion and disease prevention	Sexual Health & Responsibility	HE.6-8.1.7	Describe short- and long-term effects and consequences of sexual activity.

See Appendix B for the full set of standards and benchmarks for 6 – 8 grade health. It should be noted that there are additional standards and benchmarks in science that guide instruction around the reproductive process as part of biology and life sciences.

ACTIONS
The Department's Office of Curriculum, Instruction, and Student Support (OCISS) will work with Office of Communications and Community Affairs to make this information about academic standards more accessible and user-friendly on the Department's public website www.hawaiipublicschools.org.

4. Course and graduation requirements for health education

Courses are the primary means of instructional delivery at the middle and high school level. The Department has established course requirements (what schools must offer) and graduation requirements (what students must take) for health education.

- Middle schools (grades 6-8) must offer courses that allow all students to meet the grades 6-8 health benchmarks. It is strongly recommended that this include one semester total (two quarters) during 7th or 8th grade and an average of 200 minutes per week.
- High schools must offer at least the one-semester health course (0.5 credits) required for graduation, as well as health electives that will meet students' needs and interests. Per Board Policy 4530 and Department Regulation 4530.1, courses must meet formally for approximately 200 minutes per week for students to earn one credit for a year-long (or 0.5 credits for a semester-long)course.

As noted in the academic standards, sexual health issues are just one topic covered in these courses.

The Department authorizes courses is to ensure a level of standardization, equality of opportunity, quality of content, and transferability of credit among schools. The Authorized Courses and Code Numbers (ACCN) Course Description Guide and list provide information about all authorized courses in the state. Information about health courses can be found on pages 146 – 152.

ACTIONS
Review the research and practices in other states and districts to determine if the timing of health courses, including sexual health education, and science courses covering life sciences are designed and timed to be the most developmentally appropriate and effective.

5. Roles and responsibilities for developing and selecting curriculum and instructional materials

Academic standards come to life in a course and classroom through the teacher's instructional practice. Typically this is aided by curriculum and instructional materials. Generally "curriculum" means the plans for the learning experiences through which knowledge and skills will be acquired and "instructional materials" means materials used by teachers and students as learning resources and could include printed materials (such as textbooks), technology-based materials, other educational materials, and tests." There is some overlap between the definitions. Certain products may be considered both curriculum and instructional materials.

There is also some overlap in the roles and responsibilities for developing and selecting curriculum and instructional materials. State law establishes it as the principal's responsibility to "*ensure that the curriculum facilitates the achievement of the statewide student performance standards adopted for the public school system.*" Board Policy 2030 states that curriculum development is a shared responsibility of the Superintendent and schools

and directs the Superintendent to *"provide the general direction in curriculum and instruction by providing guidance in the use of effective teaching, learning, and assessment strategies appropriate" to the standards.*

Board Policy 2240 instructs the Department and schools to take specific steps in selecting instructional materials. It directs the Office of Curriculum, Instruction and Student Support (OCISS) to provide:

- a list of recommended textbooks and other instructional materials for select curricular areas;
- general and content-specific evaluation criteria for schools to use when evaluating instructional materials; and
- an evidence-based process by which schools that select texts and instructional materials not on the list of recommended lists demonstrate that these materials will better support their students' learning needs.

It directs schools to:

- When applicable, choose materials from the state-provided list or participate in evidence-based process to demonstrate rationale for selection of alternative materials;
- Develop and implement a multi-year textbook acquisition/replacement plan based on instructional needs for inclusion in its academic and financial plan; and
- Inform parents and make available to their school communities information about materials selection and acquisition plan.

For some time, the Department implemented a clear and formal process known as the Approved Instructional Materials (AIM) process. However, the Department has found that its current implementation of the Board policy-required processes lack consistency, common understanding, clear communication, transparency, and quality implementation.

The challenges apply to:

- Process by which a curricular area is determined to need a list of recommended materials
- Status and availability of recommended materials for selected curricular areas
- Status and availability of state-provided general and content-specific evaluation criteria
- Expectations for an evidence-based process by which schools select texts and instructional materials not on the recommended list
- Timing and process for regularly informing the field and public about approved curriculum and instructional materials
- What triggers a state-level review of specific curriculum or instructional materials
- Expectations for stakeholders involved and process for reviewing curriculum or instructional materials
- Involvement of executive decision-making, documentation and communication about engagement in partnerships with external entities to develop or implement curriculum
- Internal and external use of the terms "state-approved," "pilot," and "statewide implementation."
- Meaning of the phrase "state approved." See the table below for possible meanings.

Sex education curriculum

To review health education curriculum, including for sexual health education, the Department uses the Health Education Curriculum Analysis Tool (HECAT), a national tool developed to help school districts, schools, and others conduct a clear, complete, and consistent analysis of health education curricula based on the National Health Education Standards and the CDC's Characteristics of an Effective Health Education Curriculum.

The state has reviewed and evaluated as appropriate resources seven abstinence-based curricula. Schools may only implement curriculum from this state approved list. See Appendix C.

Scope of approval	Degree of approval
• Approved for research in identified schools • Approved for pilot implementation - limited implementation in selected schools • Approved for statewide implementation: widescale use by any school	• Statewide mandate: schools must implement common materials selected by the state • Exclusive list: schools may choose which materials to implement from a state-approved list • Recommended: list of materials provided as guidance, but schools may choose to implement materials off the list

The Department plans to address these concerns through the actions in the box below.

ACTIONS
The Department will:

- Define a clear process for curriculum and instructional materials review and approval that:
  - Reflects state law and Board policy regarding roles and responsibilities
  - Differentiates between approval for research, pilot, and statewide use
  - Differentiates between approval as recommended, exclusive, or mandated
  - Clarifies decision-making process and escalates decision-making for curriculum and materials regarding controversial topics
  - Standardizes materials vetting process and stakeholder involvement
  - Clarifies availability of evaluation criteria and evidence-based process for school-based selection of materials
  - Annually announcements, internally and to the public, a list of state reviewed, approved or mandated curriculum or instructional materials.
- Explore the development of a regular curriculum and instructional materials review cycle.

6. Data collection on use of curricula or instructional materials

The Department has not historically collected school-level data on the implementation of specific curricula. (The Department has recently surveyed schools regarding English language arts and Mathematics curricula as part of efforts to review curricula aligned to the new Hawaii Common Core Standards.) As a result, the state office cannot easily report information about the number of schools implementing specific curriculum, analyze trends, or explore negotiating statewide deals with vendors or publishers for popular purchases.

ACTIONS
The Department will explore the feasibility of an annual information collection from schools to identify curricula and instructional materials that are being implemented. Any such data collection must be done in manner that maximizes utility and minimizes burden on school staff.

7. Controversial issues policies and parent opt-out processes

Board Policy 2210 and Department Regulation #2210.1 guide educators on how to navigate potentially controversial issues in a way that engages families.

Before engaging in any lesson or activity that may touch upon potentially controversial matters, a teacher must discuss the potentially controversial matters with his or her principal to determine whether a letter concerning a potential controversial topic should be sent out to parents or legal guardians. Parents and legal guardians are afforded the opportunity to opt-out their children from such lessons. Information about the parent opt-out is publicly available on the Department's website.

On page 15, findings about the parental engagement around Pono Choices are accompanied by planned Department actions regarding opt-out processes.

PART 2 – PONO CHOICES BACKGROUND, REVIEW, AND RECOMMENDATIONS

Pono Choices: A Culturally Responsive Teen Pregnancy and STI Prevention Program is a sexual health education curriculum developed and owned by the University of Hawaii at Manoa's Center on Disability Studies (UHM-CDS).

This section:

- Seeks to address questions and misinformation that has been circulated publicly about the Pono Choices curriculum, this section provides background information on the development, funding, and implementation of Pono Choices. Further questions should be directed to UHM-CDS.
- Summarizes the work of the Department's Pono Choices Review Panel that was convened in response to public concerns.
- Details the Department's recommendations for improvements to the curriculum.

1. UHM-CDS receives federal grant to implement Pono Choices

> ***Related Public Comments: Funding for Pono Choices***
>
> Some of the public comments criticized the state or Department for spending state taxpayer dollars on the curriculum.
>
> Please note that the funding for the development and implementation of Pono Choices comes from UHM-CDS's federal grant, not the Department's budget.

The U.S. Department of Health and Human Services' (HHS) Office of Adolescent Health (OAH) is responsible for "implementing and administering a discretionary grant program of $105 million to support evidence-based teen pregnancy prevention (TPP) approaches." As part of their work, OAH "supports research and demonstration programs to develop, replicate, refine, and test additional models and innovative strategies for preventing pregnancy."

In 2010, HHS released the funding opportunity announcement (FOA) for the Teenage Pregnancy Prevention (TPP): Research and Demonstration Programs and Personal Responsibility Education Program (PREP). The FOA notes that all funded programs will be reviewed to ensure the information provided is age appropriate[iv], and scientifically and medically accurate[v], and that no curricula materials may be used until they are approved by OAH or the Administration of Children, Youth & Families (ACYF) for that purpose.

Following the competitive application process, OAH awarded $15.2 million in grants to 19 organizations in 14 states and the District of Columbia. The University of Hawaii at Manoa, Center on Disability Studies (UHM-CDS) was awarded $4,849,680 for a five-year period to develop and implement *PONO Choices: A Culturally Responsive Teen Pregnancy and STI Prevention Program*. The following project description posted on HHS's website summarizes the approved project.

Federal Project Description: Pono Choices	
Goal	To reduce the number of teen pregnancies and incidence of STIs; increase positive bonding in the school and community; increase sense of self-identity and self-efficacy; and improve expectations for the future.
Program Description	The University of Hawaii Center on Disability Studies (CDS) is implementing *PONO Choices* is a locally developed and culturally responsive curriculum that is modeled after *Making Proud Choices!* and *Positive Actions*. The ten-hour curriculum includes three major components 1) Goals, dreams and adolescent sexuality, 2) Knowledge, beliefs and attitudes about abstinence, HIV, STIs, and teenage pregnancy and 3) Skills and self-efficacy.
Target Population	Primarily Asian and Pacific Islander youth in middle school ages 11 to 13
Geographic Area	Urban, rural, and suburban settings across the state of Hawaii
Target # of youth	400 youth/year
Evaluation Design	*PONO Choices* is being evaluated using a randomized controlled trial, starting in the second year of the grant. Thirty-four eligible middle schools are randomly assigned, half to the treatment (*PONO Choices*) and half to a control condition (business as usual). Three semester cohorts of students will be followed and data will be collected at baseline, immediate post-test (in program schools), and two follow-ups at one- and two-semesters years after program baseline.

It should be noted that while the federal program's primary purpose is to support "evidence-based teen pregnancy prevention (TPP) approaches," the approved goals of the Pono Choices project are slightly broader, "to reduce the number of teen pregnancies and incidence of STIs; increase positive bonding in the school and community; increase sense of self-identity and self-efficacy; and improve expectations for the future." It also should be noted that OAH reviewed and approved the curricular materials as meeting the threshold of both age-appropriate and medically accurate and complete.

The Pono Choices grant includes several phases:

- Phase 1 - 2010 to Fall 2012: Development of curriculum and initial piloting of the curriculum
- Phase 2 - Spring 2012 to Summer 2013: Enrollment into the pilot study and implementation in treatment schools
- Phase 3 - Spring 2013 to Spring 2015: Study follow-up phase
- Phase 4 - Fall 2013 to Summer 2005: Follow-up data collection, dissemination and sustainability

2. About the Pono Choices Curriculum

UHM-CDS staff developed the project in partnership with ALU LIKE, Inc., Kua O Ka La Public Charter School, and Planned Parenthood of Hawaii, with input from Making Proud Choices and Positive Action. A collaborative workgroup including students, cultural experts, health educators, and others reviewed the curriculum and provided feedback.

Staff from the Department's Office of Curriculum, Instruction, and Student Support, including Ann Horiuchi (Educational Specialist, Health & Physical Education), Julienne Nakano (HIV/AIDs coordinator), Cathy Koohanohano (Healthy Hawaii Initiative Resource Teacher) and teachers Candace Paul and Colin Wagatsuma, participated in this work, with a focus on reviewing the curriculum for alignment with the state's HCPS III's health education benchmarks. Other tools used in the review included the previously mentioned Health Education Curriculum Analysis Tool (HECAT), National Health Education Standards and the CDC's Characteristics of an Effective Health Education Curriculum.

Related Public Comments: Providing copies of Pono Choices

Some public comments criticized the Department for not providing copies of the actual Pono Choices curriculum, either publicly on the website or in response to individual requests.

The Pono Choices curriculum was developed and is owned by UHM-CDS. As is the case with all copyrighted materials owned by third parties, the Department is not authorized to disseminate copies without the owner's permission. Requests for copies of the curriculum should be directed to Elmer Kaai, University of Hawaii, elmerk@hawaii.edu.

Overall, the curriculum draws upon Hawaiian cultural references, embeds cultural practices in the curriculum through 'ohana (family) activities, and uses locally produced videos and historical readings. It consists of ten modules to be taught in the following sequence over 9.5 hours:

- Module 1: An Introduction to Pono Choices
- Module 2: Pono—Making Pono Choices
- Module 3: Mōhala—Lessons in Anatomy and Puberty
- Module 4: Nohona—The Role of Communication in Healthy Relationships
- Module 5: Aloha—Maintaining Respect in Relationships
- Module 6: Hāpai Pono—Pregnancy
- Module 7: Pilina A'o—Understanding Sexually Transmitted Infections
- Module 8: Pilina Pono—Preventing Sexually Transmitted Infections
- Module 9: Nā Kūlia—Negotiation Skills
- Module 10: Oli Ho'omana—Empowerment

The UHM-CDS website provides additional information about the Pono Choices curriculum.

3. About the Pono Choices research project

As noted in the federally-approved project description above, UHM-CDS's grant includes research to study the impact of the curriculum on the reduction of risky behaviors.

- **Study population:** As is a rigorous research best practice, participating schools are assigned to either a treatment group (e.g. implementing Pono Choices) or a control group (e.g. not implementing Pono Choices).

- **Student baseline and follow-up surveys:** Students in both control and treatment schools complete three surveys that include demographic information and questions about sexual knowledge, attitudes, and behaviors. This includes an initial 20-minute survey and two 30-minute follow-up surveys taken 12 and 24 months after enrollment into the study. The last follow-up activities typically takes place while the student is enrolled in a high school different from the middle school where the student enrolled into the study.

  Per federal law and Department policy, student participation in the study is contingent on obtaining written parent approval. Parents or legal guardians were required to sign consent forms allowing students to participate in the study and permitting the release of the student's information to the researchers. The consent form is opt-in; parents must choose NO or YES on the form.

  Students received a gift card for returning the parental consent forms[vi] (whether the parent consented or not) and for each returned survey.

Related Public Comments: Conducting research in public schools

Some public comments criticized the Department for permitting researchers to implement and study a new curriculum in Hawaii public schools, and subjecting students to what was characterized as "

It is important to note that for any curriculum or other instructional practice or tool to be labeled as "research based," research must be conducted.

Related Public Comments: Follow-up surveys of participating students

Some public comments criticized the Department for surveying students about their sexual knowledge, attitudes, and behaviors.

While not all high school staff may have known about the follow-up surveys, every student participating in the follow-up study submitted a parental consent form to do so.

- **Participating teachers in treatment schools:** Teachers are trained to teach the curriculum with fidelity and to complete lesson logs. Teachers received stipend and gift cards for training and participation. Schools were reimbursed for the cost of substitutes during teacher training if the training occurred during school hours.

- **Participating teachers in control schools:** Teachers complete lesson logs and observation forms and receive a gift card for completing required activities.

- **Follow-up study liaisons:** School liaisons receive a gift card for conducting the follow-up data collection activities.

- **Project staff and external evaluators:** Individuals conduct observations at treatment schools and complete fidelity forms.

The provision of small financial incentives for survey completion and data submission is common practice as part of such research projects and is in line with existing Department policies and practices.

The Department has established clearly documented processes to approve requests by third parties such as UHM-CDS seeking to implement a research project that involves the sharing of data about student, employees, or facilities. The process includes staff reviews of content and technical components, and a final review and decision by the Superintendent. Approval is typically given for a one-year period; multi-year projects require annual requests for renewal. More information can be found on the "Conducting Research in the Department of Education" website. The Pono Choices review project review and approval followed the regular process.

4. Pono Choices implementation in Hawaii Public Schools

Implementation of Pono Choices was on a volunteer basis; principals had full discretion to choose to implement Pono Choices and to participate in the research study. A relatively small number of Hawaii's public schools have been involved with the implementation of Pono Choices, either as a treatment group school (e.g. implementing Pono Choices), control group school (e.g. not implementing Pono Choices), or as a follow-up school (e.g. a high school surveying students who enrolled into the study while in middle school).

- In Spring 2011, the curriculum was pilot tested at Nanakuli High and Intermediate and Waiakea Intermediate, and again at Kapolei Middle School during the Fall 2011 semester.
- During the three semesters between January 2012 and June 2013 (Spring 2012, Fall 2012, and Spring 2013), 12 Department schools implemented the Pono Choices curriculum.
- In Fall 2013, 6 middle/intermediate schools implemented Pono Choices.
- In Spring 2013, 5 middle/intermediate schools implemented Pono Choices.

See Appendix E for a table summarizing implementation by school.

5. Parental involvement in Pono Choices implementation

Parent involvement in their students' participation follows the previously discussed processes around parental notification and opt-out for controversial issues. Specifically, there are typically three components: 1) notification to parents about the activity and their opportunity to opt-out; 2) an optional informational briefing or "parent night"; and 3) parental decisions to opt-out.

Historically, the Department has not provided a template for the parent opt-out letter; these letters are developed at the school level, typically by the educator leading the activity. However, for purposes of this report, the Department collected the parent opt-out letters from the schools that implemented Pono Choices in School Year (SY) 2013-14. The information is shared in a variety of ways: as part of a broader piece laying out expectations for the course, as a formal letter from teachers to parents. The regulation does not currently require schools to offer parents the opportunity to review materials or discuss the content of the activities with teachers or principals. However, most of the artifacts we reviewed included this as a best practice. Sometimes the letters are "opt-out" only; sometimes they are "opt-in." In the context of the public discussions regarding Pono Choices, the BOE and the Department have received a suggestion that be "opt-in" not "opt-out" to further ensure parents are making the decision about whether students participate in activities that may be considered controversial. An example from King Intermediate School is included in the Appendix D.

The regulation does not currently require schools to host "family nights" or information briefings about controversial issues. However, in the case of Pono Choices, a "parent night script" is part of the package of resources UHM-CDS provides to participating school, and as can be seen in the table summarizing Pono Choices implementation by school in Appendix E, most schools did host such a briefing as a follow-up to the parent letters. While the activity is not required, it is a good practice to help ensure families understand and are comfortable with the content being shared with their students, particularly when the curriculum or activity is new to the school.

Historically, the Department has not required schools to submit information about the number of parents' choosing to opt-out of these activities. As a result, the state office cannot easily report information about the number of parents opting-out of any particular activity, such as Pono Choices. However, as can be seen in Appendix E, a small number of families did exercise their opt-out right.

The Department has found that much of the concern around the implementation of Pono Choices curriculum is grounded in the need for increased parent understanding about what their students are being taught and increased awareness over their strong role in deciding. As a result, we are taking several steps to address this.

ACTIONS

The Department will:

- Amend the DOE regulation #2210.1 to:
  - Require that in the case of courses including sexual education, the schools be required to write the letter as an opt-in, and collect those letters from all students' parents or guardians.
  - Require the parent notification to offer an opportunity for parents to review materials or discuss activities with the teacher or administrators.
  - Recommend that schools implementing a new curriculum, program, or other activity covering controversial issues to proactively host a family night or information briefing to educate families.
- Provide a customizable template for opt-in parent letters

6. Pono Choices public discourse SY2013-14

In late 2013, the Hawaii State Department of Education (Department) and Board of Education received feedback from various stakeholders regarding the implementation of Pono Choices, a sexual health education curriculum, in some middle schools.

In response to this feedback, the Board and Department took several steps to review the Pono Choices curriculum and implementation process.

- On November 29, 2013, the Department placed Pono Choices implementation on hold to conduct another review of the curriculum.

- In December 2013, the Department convened a group to review the curriculum materials. It included the following Department staff: Leila Hayashida, Assistant Superintendent for Curriculum, Instruction, and Student Support, Cathy Kahoohanohano, and Ann Horiuchi.

  The group focused on a module-by-module review for alignment to the Hawaii Content & Performance Standards III, concerns raised by stakeholders, the graphicness of the materials, and the learning progressions (the sequencing of the content from an instructional perspective). The group did not provide a written report. Assistant Superintendent Hayashida briefed the Superintendent on the group's review, shared that the curriculum meets Department standards and that it is a culturally responsive curriculum that has resulted in positive outcome for students. As a result of the review UHM-CDS made minor adjustments to the curriculum. Further information about the subsequent changes to the materials should be directed to UHM-CDS directly.

- On December 13, 2013, the Department lifted the hold on Pono Choices implementation.

- At the February 5, 2014 Board of Education meeting, the Department provided a verbal update and public fact sheet on the sexual health education in the state, and invited Glenn M. Wasserman, M.D., M.P.H, Chief, Communicable Disease and Public Health Nursing Division at the Hawaii Department of Health to present data regarding "*Sexual Activity, Pregnancy and Sexually Transmitted Infections among Hawaii Teens*."

- Later that month, the Department recruited and convened a Pono Choices Stakeholder Review Panel to review the Pono Choices curriculum to determine if it meets statutory requirements and relevant Board policies, and to make recommendations to the Department if appropriate. See the next section for more information.

- The Department collected public input to supplement the testimony already provided to the Board of Education for the February 5, 2014 Board of Education meeting. A summary of the themes from the public comments can be found in Appendix F.

- The Department reviewed internal policies and processes to identify improvements. Those findings are captured in this report.

7. Pono Choices Review Panel

As part of its efforts, the Department convened a Pono Choices Stakeholder Review Panel to review the curriculum to determine if it meets statutory requirements and relevant Board policies, and to make recommendations to the Department. Panelists were selected to provide perspectives from the medical, educational, parental, and community perspective. Panelists familiarity with or stance on the curriculum or controversial issues was not a factor in their selection.

Readers are encouraged review *"Stakeholder Panel Review: Pono Choices Curriculum, February – May 2014: Final Report,"* for more information about the panel's work and a summary of the discussions related to these recommendations.

The Review Panel was charged with reviewing the Pono Choices curriculum through the lens of the following questions, and making recommendations to the Department through this formal report regarding the curriculum.

- Is the Pono Choices curriculum medically accurate and factual, per the statutory definitions?
- Is the Pono Choices curriculum age-appropriate, per the statutory definition?
- Does the Pono Choices curriculum include information about abstinence, contraception, and methods of disease prevention to prevent unintended pregnancy and sexually transmitted disease, including HIV, per the statutory definitions and Board of Education policy 2110?
- Is the Pono Choices curriculum unnecessarily graphic?

The Panel's work resulted in a two sets of recommendations to the Department, which are listed in Appendix G. First, thirteen recommendations discussed and voted on by the full panel. Some of these recommendations were reached by a full consensus, others were not. Second, individual panelists submitted additional recommendations through provided comment forms and during the review of the final report. These recommendations were not explicitly discussed by the group and the group did not vote on whether or not they should be included in the report.

The Panel's work took longer than expected to complete. Unsurprisingly, panel members struggled to finalize their recommendations due to the sensitivity of the issues and the diverse makeup of the panel itself.

8. DOE Recommendations to UHM-CDS re: Pono Choices Curriculum

The Department has considered the full scope of recommendations made by the Department's Pono Choices Stakeholder Review Panel discussions, the Panel's recommendations and recommendations submitted by individual panelists and other stakeholders.

The Department agrees with a subset of these recommendations to improve the curriculum to best meet the intentions and requirements of statute and BOE policies. See the list below. The list of recommendations here will likely be difficult for readers to understand without the context of the curriculum. In lieu of repeating that content here, readers are encouraged to read *Stakeholder Panel Review: Pono Choices Curriculum, February – May 2014: Final Report.*

While the Pono Choices curriculum is developed and owned by the UHM-CDS and the Department does not have the authority to amend the curriculum itself, the Department is formally requesting that UHM-CDS consider addressing the recommendations and submit a revised version for review and approval in advance of SY14-15.Schools shall not implement the Pono Choices curriculum in SY14-15 until the Department has received a revised version of the curriculum for review and approval for use.

The list of recommendations here will likely be difficult for readers to understand without the context of the curriculum. In lieu of repeating that content here, readers are encouraged to read *Stakeholder Panel Review: Pono Choices Curriculum, February – May 2014: Final Report.*

Subject	Recommendation
Use of the phrase "pono"	Revisit the meaning and appropriate use of the phrase "pono" through a discussion with cultural experts.
Definition of "sex"	Update the text in the parent night script to match the exact wording in the curriculum regarding the definition of sex.
	Consider changing "definition of sex" slide to say "genitals or genital area" or "genitals or anus" instead of grouping "anus" under the term "genitals."
Definition of "abstinence"	Add clarifying phrase in the slide: "Abstinence is 100 percent effective *at preventing STIs and pregnancies."*
Teacher script: Definition of "sex"	Consider changing teachers' script to say avoid grouping "anus" under the term "genitals." Potential changes: "on another person's genitals - which we just defined as including the penis, scrotum, vulva, vagina, labia, and clitoris – or anus" or "on another person's genitals or genital area - which we just defined as including the penis, scrotum, vulva, vagina, labia, clitoris or anus."
Healthy, unhealthy or abusive relationships	Include the actual language from the relationship scenarios (include the same-sex scenarios) in the parent night materials for transparency.
Video: "Ty and Kiara Keeping it Pono"	Add content to the teacher script that engages the students in a conversation about what was missing from the video in terms of pregnancy prevention (condoms or other birth control) as well a reminder that birth control does not prevent against STIs.
Birth control methods	Remove the language from the teachers' script noting that male condoms have a "perfect use effectiveness rate is 98%."
PPT slides: Understanding STIs	Consider changing "What is sex?" slide to say "mouth to genitals or genital area," "mouth to genitals or anus," or other change instead of grouping "anus" under the term "genitals."
Other references characterizing the anus as a genital	Review, and amend if necessary, any language in the curriculum describing the anus as a genital to align with the other specific recommendations.
HIV: High-risk, low-risk, or no-risk	Add information to the curriculum to ensure students are sufficiently educated about the high risks associated with unprotected anal sex and the lower, but still significant risks involved with protected anal sex.

ACTIONS
The Department's Office of Curriculum, Instruction, and Student Support will re-review all approved sexual health education curriculum to identify and address concerns similar to those identified for Pono Choices.

CLOSING

Sexual health education is an important part of our efforts to support student success. As part of the Department's culture of continuous improvement, we welcome the opportunity to address the challenges identified in this report and improve policies and practices to better serve Hawaii's public school students.

APPENDIX A: SEXUAL BEHAVIOR AMONG HAWAII'S YOUTH: 2011 RESULTS FROM YOUTH RISK BEHAVIOR STUDY, BY COUNTY

The CDC conducts the Youth Risk Behavior Survey (YRBS), which monitors six categories of priority health risk behaviors among youth and young adults, including sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV) infection. It is a paper and pencil survey administered on odd years to public school students in grades 6-12. The data is weighted by the CDC to be representative of all Hawaii public school students. In 2011, 5,109 middle school students and 4,329 high school students participated in the YRBS.

The CDC is expected to release 2013 results in June 2014.

	U.S.	Hawaii (state)		Honolulu County		Kauai County		Maui County		Hawaii County
	HS	MS	HS	MS	HS	MS	HS	MS	HS	MS*
Ever had sexual intercourse	47.4	10.4	37.0	9.3	35.4	9.3	36.8	12.2	37.4	14.8
Had sexual intercourse for the first time before age 11	NA	3.5	NA	3.4	NA	1.5	NA	3.9	NA	4.5
Had sexual intercourse for the first time before age 13	6.2	NA	5.2	NA	4.7	NA	3.5	NA	5.7	NA
Ever had sexual intercourse with three or more persons	NA	2.5	NA	2.0	NA	1.7	NA	2.9	NA	5.3
Ever had sexual intercourse with four or more persons	15.3	NA	8.0	NA	7.2	NA	8.3	NA	9.1	NA
Had sexual intercourse with at least one person in the past 3 months	33.7	NA	23.9	NA	22.3	NA	25.6	NA	26.1	NA
Ever had oral sex	NA	NA	36.3	NA	36.2	NA	35.5	NA	33.7	NA
Ever had anal sex	NA	NA	13.0	NA	13.2	NA	10.8	NA	12.6	NA
Drank alcohol or used drugs before last sexual intercourse (among students who were currently sexually active)	22.1	NA	20.9	NA	20.5	NA	22.0	NA	23.9	NA
Used a condom during last sexual intercourse (among students who were currently sexually active)	60.2	62.6	43.9	63.3	43.7	NA	46.2	56.1	41.3	NA
Used birth control pills or Depo-Provera (or any injectable birth control), Nuva Ring (or any birth control ring), Implanon (or any implant), or any IUD before last sexual intercourse (to prevent pregnancy, among students who were currently sexually active)	23.3	NA	20.9	NA	17.4	NA	25.4	NA	24.6	NA
Used any method to prevent pregnancy during last sexual intercourse (among students who were currently sexually active)	87.1	NA	80.2	NA	NR	NA	NR	NA	NA	NA
Ever taught in school about AIDS or HIV infection	84.0	60.0	83.6	60.4	84.5	46.9	80.8	62.8	79.8	62.9
Ever had a doctor or nurse discuss ways to prevent pregnancy, sexually transmitted diseases (STDs), and AIDs or HIV with them	NA	23.8	NA	23.2	NA	18.9	NA	28.0	NA	23.9
Ever had parents or other adults in their family talk with them about what they expect them to do or not to do when it comes to sex	NA	37.8	57.7	38.7	57.0	38.1	61.0	41.2	57.7	41.5

NA = Not applicable (question not asked)
NR = Not reported (total unweighted responses was less than 100)
**Hawaii County Public High School report is not available due to small sample size*

APPENDIX B: HAWAII CONTENT PERFORMANCE STANDARDS III STANDARDS: HEALTH, GRADES 6 - 8

STANDARD	TOPIC	CODE	BENCHMARK
1: CORE CONCEPTS: Understand concepts related to health promotion and disease prevention	Mental & Emotional Health	HE.6-8.1.1	Explain the relationship between mental, emotional, social, and physical health
	Healthy Eating & Physical Activity	HE.6-8.1.2	Describe short- and long-term effects and consequences of poor nutrition and lack of physical activity
	Promoting Safety & Preventing Violence & Unintentional Injury	HE.6-8.1.3	Describe short- and long-term effects and consequences of violent or aggressive behaviors
	Promoting Safety & Preventing Violence & Unintentional Injury	HE.6-8.1.4	Describe types and degrees of risk encountered in daily living and formulate strategies to avoid or reduce threatening situations
	Tobacco-Free Lifestyle	HE.6-8.1.5	Describe short- and long-term effects and consequences of tobacco product use
	Alcohol & Other Drug-Free Lifestyle	HE.6-8.1.6	Describe short- and long-term effects and consequences of drinking alcohol and using drugs
	Sexual Health & Responsibility	HE.6-8.1.7	Describe short- and long-term effects and consequences of sexual activity
	Personal Health & Wellness	HE.6-8.1.8	Describe the body system functions, how they interact with each other, and how they are impacted by health behaviors
	Personal Health & Wellness	HE.6-8.1.9	Identify choices individuals can make to promote or harm their health
	Personal Health & Wellness	HE.6-8.1.10	Identify proper health care and describe how it can prevent premature death and disability
2: ACCESSING INFORMATION: Access valid health information and health: promoting products and services	Health Information, Products, & Services Across Topic Areas	HE.6-8.2.1	Identify when it is necessary to access health services for self and others
	Health Information, Products, & Services Across Topic Areas	HE.6-8.2.2	Use appropriate sources to access valid health information, products, and services
3: SELF: MANAGEMENT: Practice health: enhancing behaviors and reduce health risks	Mental & Emotional Health	HE.6-8.3.1	Explain personal preferences for coping and stress management strategies
	Personal Health & Wellness	HE.6-8.3.2	Explain the importance of assuming responsibility for personal health behaviors
4: ANALYZING INFLUENCES: Understand the influences of culture, family, peers, media, technology, and other factors on health	Factors Influencing Health Across Topic Areas	HE.6-8.4.1	Explain the influence of internal and external factors on health outcomes
5: INTERPERSONAL COMMUNICATION: Use interpersonal communication skills to enhance health	Communication Skills Across Topic Areas	HE.6-8.5.1	Use effective verbal and non-verbal communication skills
	Communication Skills Across Topic Areas	HE.6-8.5.2	Use effective behaviors that communicate care, consideration, and respect of self and others
	Promoting Safety & Preventing Violence & Unintentional Injury	HE.6-8.5.3	Identify possible causes of disputes connected to personal, family, and community matters
	Promoting Safety & Preventing Violence & Unintentional Injury	HE.6-8.5.4	Apply appropriate conflict resolution strategies to deal with potentially harmful situations
6: DECISION: MAKING AND GOAL: SETTING: Use decision: making and goal: setting skills to enhance health	Decision-Making Across Topic Areas	HE.6-8.6.1	Describe decision-making processes related to health-related decisions
	Decision-Making Across Topic Areas	HE.6-8.6.2	Assess health-related decisions for consequences that affect oneself and others
	Goal-Setting Across Topic Areas	HE.6-8.6.3	Evaluate personal health strengths and risks to set personal goals
7: ADVOCACY: Advocate for personal, family, and community health	Advocacy Across Topic Areas	HE.6-8.7.1	Use effective strategies to influence and support others in making healthful choices
	Advocacy Across Topic Areas	HE.6-8.7.2	Use appropriate methods to communicate accurate health information and ideas
	Advocacy Across Topic Areas	HE.6-8.7.3	Describe how barriers can affect the communication of information, ideas, feelings, and opinions

APPENDIX C: STATE APPROVED SEXUAL HEALTH EDUCATION CURRICULA

CURRICULUM	DESCRIPTION
Draw the Line, Respect the Line Grades: 6 - 8 www.etr.org	*Draw the Line/Respect the Line* is a three-year, school-based sex education program for sixth, seventh, and eighth grade students. It was evaluated in three school districts in urban Northern California between 1997 and 1999. This program was primarily designed to help young adolescents postpone having sex. Increasing condom use was a secondary goal. The program uses a 19-session curriculum that teaches youth how to establish and maintain limits regarding sexual behavior. Three curriculum guides are available for purchase – one each for grades six, seven, and eight. The program was designed to be taught over multiple years (grades six, seven and eight). Some schools may face challenges running it through multiple grades due to other time demands.
Family Life and Sexual Health (F.L.A.S.H.) Grades: 5 – 12 www.kingcounty.gov/healthservices/health/personal/famplan/educators/FLASH.aspx	This curriculum was developed by the Seattle and King County Department, State of Washington. The *F.L.A.S.H.* curriculum is unique in several ways: • Addresses such issues as physical development, promotion of sexual health, prevention of disease, affection, interpersonal relationships, body image, and gender roles. • Spans the school-age years (grades 5th-12th and secondary special education). • Embraces an abstinence-based approach, as well as information related to the prevention of pregnancy, HIV and other sexually transmitted diseases. • Rests on a foundation of positive and healthy sexuality across the life span. • Focuses on the needs of public schools and diverse communities. • Ensures discussion about the wide spectrum of beliefs on sensitive issues. • Values family involvement. The *F.L.A.S.H.* curriculum, like most of the sexual health curricula that have been proven effective, is grounded in Social Learning Theory. It is designed to encourage people to make healthy choices: abstain longer, use protection if they do have sex, seek health care when they need it, communicate effectively with their families and with their partners and health care providers, seek help for sexual abuse, treat others with respect (not harass or exploit them), and stand up to harassment and exploitation.
HealthTeacher.com Grades: K - 12 www.healthteacher.com	HealthTeacher.com is developed by HealthTeacher, Inc. *HealthTeacher* is an online resource of health education tools including lessons, interactive presentations and additional resources to integrate health into any grade K-12 classroom. *HealthTeacher*, Inc. provides students in grades K-12 with the knowledge and skills needed to overcome two serious threats to good health: a lack of physical activity and a void of health literacy. *HealthTeacher*, Inc.'s research-based games, apps, and educational resources are designed to engage students and to provide data to measure and quantify their impact. *HealthTeacher*, Inc.'s K-5 products also work in tandem with two important sets of education standards: the National Health Education Standards (NHES) and the Common Core State Standards, which have been adopted by 45 states.
Making a Difference (MAD) http://selectmedia.org/programs/difference.html	*Making a Difference* was developed by PhDs. Loretta and John Jermott, III and Konstance McCaffree and is distributed by Select Media. *"Making A Difference!"* An Abstinence Approach to Prevention of STDs, HIV and Teen Pregnancy is an eight module curriculum that provides young adolescents with the knowledge, confidence, and skills necessary to reduce their risk of sexually transmitted diseases (STDs), HIV, and pregnancy by abstaining from sex. It is based on cognitive behavioral theories, focus groups, and the researchers' extensive experience working with youth. *"Making A Difference!"* is an adaptation and extension of the original *"Be Proud! Be Responsible!"* curriculum in that it integrates STD, HIV and pregnancy prevention. The goal of *"Making A Difference!"* is to empower young adolescents to change their behavior in ways that will reduce their risk of pregnancy and HIV or other STD infection. Specifically, this

CURRICULUM	DESCRIPTION
	curriculum emphasizes that young adolescents should postpone sexual activity and that practicing abstinence is the only way to eliminate the risk for pregnancy and STDs, including HIV.
Pono Choices: A Culturally Responsive Teen Pregnancy and STI Prevention Program Grades: 6 – 8 http://www.cds.hawaii.edu/ponochoices	The Pono Choices curriculum is funded through a federal Office of Adolescent Health grant awarded to the University of Hawaii (UH) at Manoa Center on Disability Studies. The overarching goal of Pono Choices will be to reduce the number of teenage pregnancies and incidences of sexually transmitted infections (STIs); increase positive bonding in the school and community; increase sense of self-identity and self-efficacy; and improve expectations for the future. The project was designed to develop, implement, and study the impact of a first-of-its-kind teen pregnancy and STI prevention curriculum developed exclusively for youth in Hawaii. The curriculum was developed through a collaborative workgroup process and reviewed by the federal Office of Adolescent Health for medical accuracy. UH applied to the Department for approval to pilot the curriculum in Hawaii schools to inform the study. Following review of the curriculum, the Department approved participation in the study as part of a randomized controlled trial. The study runs from 2012-2015 with teachers that were trained by the developers to implement the curriculum with fidelity. External evaluator Berkeley Policy Associates (BPA) is conducting the study's impact analysis examining the impact of the Pono Choices program on initiating sexual activity and avoiding unprotected sexual intercourse. It is a scripted 10 module, 9.5 hour curriculum that provides middle school youth with the knowledge and skills necessary to reduce their risk of unintended pregnancy and STIs by providing medically accurate information within a Native Hawaiian place-based framework. Sample topics include: Effective communication skills, Refusing unwanted sexual pressure, Information on how STIs are transmitted, and Recognizing healthy and unhealthy relationships.
Positive Prevention Grades 6- 8 (level A) Grades 9-12 (level B) Grades 7-12 (special populations) http://www.positiveprevention.com	This curriculum is the district-adopted and required STD/HIV Curriculum to meet the requirements of the California (CA) education code on HIV prevention-education. It is a required district adopted curriculum for the Los Angeles Unified School District. It is research and evidence based. A health teacher must go through a one-day skill-based training (eight hours) to receive and teach the curriculum with fidelity. This curriculum must be used with a sexual health supplement to meet the CA Education Code. Lesson Topics: Exploring Friendships and Other Relationships; Preventing Unplanned Pregnancies; Making Informed Decisions: Understanding the California Safe Surrender Law; Preventing Sexually Transmitted Diseases/Family Planning and Contraception; and Setting Goals.
Reducing the Risk (RTR) Grades 9 - 12 http://advocatesforyouth.org/publications	Advocates for Youth developed the Reducing the Risk curriculum. Reducing the Risk is a sex education curriculum for grades 9th-12th. It focuses on the overall behavioral goal of encouraging youth to avoid unprotected sex by practicing abstinence or using contraception. Through experiential activities, participants learn to recognize and resist peer pressure, make decisions, and negotiate safer sex behaviors. The curriculum is based on social learning theory, social inoculation (social influence) theory, and cognitive behavioral theory. Reducing the Risk also encourages students to talk to their parents about abstinence and birth control.

APPENDIX D: SAMPLE PARENT OPT-IN LETTER FROM KING INTERMEDIATE SCHOOL

Health Class
King Intermediate School

Fall 2014

Dear Parents/Guardians:

This is to inform you that this quarter, your child will be studying teen pregnancy and sexually transmitted infections (STI) prevention as part of their health education. A Culturally Responsive Program called Pono Choices will be used.

The curriculum is comprised of 10 lessons and will include medically accurate information about:

*Abstinence	*STIs, HIV/AIDS
*Goals & Dreams	*Puberty
*Reproductive Anatomy	*Recognizing Healthy/Unhealthy Relationships
*Birth Control Methods	*Refusal Skills
*Condom Demonstration	*Decision Making

It meets the Hawai'i State Department of Education's abstinence-based policy (see back) where abstinence is stressed as the only 100% effective method to avoid teen pregnancy and STIs. As part of the lesson on preventing STIs, students will learn how to put a condom on using a wooden demonstrator made specifically for health education. Again, abstinence will be stressed throughout the unit. More information on the curriculum can be accessed at: http://www.cds.hawaii.edu/ponochoices/.

Please check the appropriate box below and have your child return it. If your child does not return this form or you do not want him/her to participate, he/she will be given alternate assignments to work on independently. If you would like to opt your child out of certain topics please indicate which ones on the back of the form.

Should you have any questions, please feel free to call and leave a message at 233-5727 x 405 or email me at donna_rodenhurst@notes.k12.hi.us.

Sincerely,

Donna Rodenhurst, Health Educator

Pono Choices – Teen Pregnancy & STI Prevention (Fall 2014)
Please initial or check the appropriate box below.

☐ I give my permission to participate in the entire unit.

☐ I give my permission to participate except for the topics listed on the back of this form.

☐ I do not give my permission to participate.

Student's Name (printed) _____ Roster # ____ - ____ Parent/Guardian's Signature _____

Hawai'i State DOE
Board of Education Policy 2110
Abstinence-Based Education Policy

In order to help students make decisions that promote healthy behaviors, the Department of Education shall instruct that abstention from sexual intercourse is the surest and most responsible way to prevent unintended pregnancies, sexually transmitted diseases such as HIV/AIDS, and consequent emotional distress. The abstinence-based education program shall:

a. *Support abstention from sexual intercourse & provide skill development to continue abstention;*

b. *Help youth who have had sexual intercourse to abstain from further sexual intercourse until an appropriate time; and*

c. *Provide youth with information on and skill development in the use of protective devices and methods for the purpose of preventing sexually transmitted diseases and pregnancy.*

If there are comments or certain topics you would like your child to opt out please list them here.

_____

_____

_____

_____

APPENDIX E: SCHOOL-LEVEL PONO CHOICES IMPLEMENTATION HISTORY

The follow chart provides details on Pono Choices implementation in HIDOE schools. In the "Status" columns:

N = did not implement Pono Choices during the semester
Y = implemented Pono Choices during the semester.
N/I = information not available
n/a = not applicable

SCHOOL	STATUS					SY13-14 IMPLEMENTATION	
School Year	SY11-12	SY12-13		SY13-14			
Phase	Intervention			Follow-up			
Dates	Spring `12	Fall `12	Spring `13	Fall `13	Spring `14	# of families opting-out	NOTES
Total	*12*			*5*	*5*		
1. Aliamanu Midde	N	Y	Y	Y	Y	0	
2. Highlands Intermediate	Y	Y	Y	N	N	n/a	Trained but did not implement
3. Hilo Intermediate	Y	Y	Y	N	N	n/a	Trained but did not implement
4. Iao Intermediate	N	Y	Y	N	N	n/a	Trained but did not implement
5. Kapolei Middle	Y	Y	Y	N	N	n/a	Trained but did not implement
6. Kealakehe Intermediate	Y	Y	Y	Y	N	5	
7. King Intermediate	Y	Y	Y	N*	N	2 (curriculum); 3 (condom demo)	*Implemented for 1 week before ceasing.
8. Konawaena Middle	Y	N	Y	N	N	n/a	No trained teacher at school this year
9. Lokelani Intermediate	N	Y	Y	Y	Y	2 (condom demo)	
10. Molokai Middle	N	Y	N	Y	N	4	
11. Niu Valley Middle	Y	Y	N	Y	N	19	
12. Waiakea Intermediate	N	Y	Y	N	N	0	Trained but did not implement
13. Pa`auilo Elementary & Intermediate	N	N	N	N	Y	0	
14. Hana High & Elementary	N	N	N	N	Y	2	
15. Maui Waena Intermediate	N	N	N	N	Y	N/I	

APPENDIX F: PUBLIC COMMENTS ON PONO CHOICES

Approximately 800 public submissions were received. The following table summarizes the themes in those submissions.

Submitted comments of support within scope of panel	Submitted concerns within scope of panel	Submitted concerns outside scope of panel

• Sexual health education important to reduce high incidences of teen pregnancy and STIs in Hawaii
• Culturally relevant educational materials will be more effective with our youth
• Inclusion of information about anal sex and same sex relationships reflects realities we can't ignore
• Information about healthy relationships is beneficial to students
• Many students don't receive information from parents so it's important to include it in the health education
• Maintains focus on abstinence
	• Medically inaccurate regarding basic human anatomy
	• Failure to educate students on the stages of human reproduction
	• Not age-appropriate for intended students
	• Not sufficiently abstinence-based
	• Treats sexual activity before the age of fourteen as a viable "choice" in spite of state sexual assault law
	• Failure to warn students about ineffectiveness of condoms against HPV, herpes, and anal sex
	• References multiple sex partners, while failing to inform students about the health benefits of monogamy
	• Normalizes anal sex, while failing to warn students of the extreme dangers of anal sex
	• Appropriateness of inclusion or exclusion of scenarios involving same-sex partners
	Potential psychological damage of content on adolescents
	• Unnecessarily graphic nature of content
	• Inappropriate use of the term "pono"
		• Top-down, federally dictated program
		• Not an organic, community-developed curriculum
		• Process issues including:
		  • Failure to fully inform parents about the controversial aspects of the curriculum
		  • Opt-in vs. opt-out
		  • Public access to curriculum
		  • Role school community councils
		  • Airing curriculum publicly on Olelo
		• Expertise or ideological agenda of organizations and entities involved in development of curriculum
		• Relationship to marriage equity laws, policies, or positions
		• Curriculum "promotes" homosexuality
		• Removal of all sex education from schools

APPENDIX G: RECOMMENDATIONS FROM THE PONO CHOICES STAKEHOLDER PANEL AND INDIVIDUAL PANELISTS

Table A: PANEL RECOMMENDATIONS				
Rec	**Passage**	**Subject**	**Recommendation**	**Recommendation Type**
1	n/a	Use of the phrase "pono"	Revisit the meaning and appropriate use of the phrase "pono" through a discussion with cultural experts.	*Full consensus.*
2	2.	Definition of "sex"	Update the text in the parent night script to match the exact wording in the curriculum regarding the definition of sex.	*Full consensus.*
3			Consider changing "definition of sex" slide to say "genitals or genital area" or "genitals or anus" instead of grouping "anus" under the term "genitals."	*Full consensus.*
4			Cover all controversial topics in detail in the parent night script.	*There was not full consensus due to reservations about how much time this would take.*
5	3.	Definition of "abstinence"	Add clarifying phrase in the slide: "Abstinence is 100 percent effective *at preventing STIs and pregnancies."*	*There was not full consensus. Some panelists were indifferent because that language already exists in the teachers' script.*
6	6.	Teacher script: Definition of "sex"	Consider changing teachers' script to say avoid grouping "anus" under the term "genitals." Potential changes: "on another person's genitals - which we just defined as including the penis, scrotum, vulva, vagina, labia, and clitoris – or anus" or "on another person's genitals or genital area - which we just defined as including the penis, scrotum, vulva, vagina, labia, clitoris or anus."	*Full consensus.*
7	7.	Healthy, unhealthy or abusive relationships	Include the actual language from the relationship scenarios (include the same-sex scenarios) in the parent night materials for transparency..	*Full consensus.*
8			Address controversy of the inclusion of healthy same-sex relationships by a) adding a same-sex couple with either an unhealthy or abusive relationship; b) changing one of the negative heterosexual couples to a same-sex couple; c) replace same-sex couples with heterosexual couples; or d) replace all names with "Person A" and "Person B."	*There was not full consensus on any of these options for a range of reasons.*
9	8.	Video: "Ty and Kiara Keeping it Pono"	Add content to the teacher script that engages the students in a conversation about what was missing from the video in terms of pregnancy prevention (condoms or other birth control) as well a reminder that birth control does not prevent against STIs.	*Full consensus.*
10			Update video to more clearly reinforce the abstinence message to be more consistent with the statutory and Board policy language.	*There was not full consensus because some panelists felt the message was sufficiently communicated.*
11	10.	Birth control methods	Remove the language from the teachers' script noting that male condoms have a "perfect use effectiveness rate is 98%."	*Full consensus.*
12	11.	PPT slides: Understanding STIs	Consider changing "What is sex?" slide to say "mouth to genitals or genital area," "mouth to genitals or anus," or other change instead of grouping "anus" under the term "genitals."	*Full consensus.*
13	n/a	Other references characterizing the anus as a genital	Review, and amend if necessary, any language in the curriculum describing the anus as a genital to align with the other specific recommendations.	*Full consensus.*

TABLE B: Recommendations submitted by individual panelists				
Rec	**Passage**	**Subject**	**Recommendation**	**Recommendation Type**
1	8.	Video: "Ty and Kiara Keeping it Pono"	Consider editing the video to reflect the reality of the current age of the students in the target audience, who are not able to obtain birth control without parental permission.	*Recommendation made outside of group discussion.*
2	14.	HIV: High-risk, low-risk, or no-risk	Add information to the curriculum to ensure students are sufficiently educated about the high risks associated with unprotected anal sex and the lower, but still significant risks involved with protected anal sex.	*Recommendation made outside of group discussion.*
3	n/a	Scenarios with named couples	Replace names from relationship scenarios with Person A and Person B to ensure neutrality on same-sex issues (including in Module 4, 5, and 8).	*Recommendation made outside of group discussion.*
4	n/a	Consider splitting curriculum into two	Split the curriculum to teach about puberty and body changes in 7th grade and sexual behaviors in 9th-12th grade to address concerns about age-appropriateness.	*Recommendation made outside of group discussion.*

APPENDIX H: RESPONSES TO THE REPORT PROVIDED BY REPRESENTATIVE MCDERMOTT

Many of the public comments received by the Department and Board drew from or referenced *"The "Pono Choices" Curriculum: Sexualizing the Innocent,"* a document published by Bob McDermott, Hawaii State Representative for the 40th District. Superintendent Matayoshi has provided written responses to several inquiries from Rep. McDermott and spoke on the phone with him regarding this matter. However, given its prominence in the public discourse, it seemed appropriate to provide direct responses to the specific issues referenced in the report. Below we have excerpted passages from each of the key points from the report and provided a response; truncated excerpts are not intended to misconstrue the author's intent. Original language can be found in the linked report.

3.1 – Mischaracterization of the Human Anus: *"The Pono Choices program defines the word "genitals" to include the anus,[8] and the term "oral sex" to include "mouth on genitalia", with the anus included among "genitalia". The anus, however, is not a genital. The anus has no role in human reproduction."*

> The Department has found that there is no one definition of the word "genital," and that there is disagreement even within the medical community as to whether or not the "anus" should be defined as a genital. See the Panel Report's summary of the discussion Module 2 for more information.
>
> Regardless, the Department has recommended that UHM-CDS amend the language used in the curriculum to reflect the lack of consensus on the terminology and avoid characterizing the anus as a genital. The curriculum recommendations provide some potential solutions for specific language alternatives.

3.2 – Overemphasis on Alternative Lifestyles and Sexual Behaviors. *"At various parts of the Pono Choices curriculum, students are instructed to consider and evaluate various ethical scenarios between different individuals... Given the frequency, however, of romantic interactions in Pono Choice between same-sex couples, and between individuals of ambiguous gender, one might be under the impression that homosexuality and lesbianism are quite common."*

> The Department believes it's important to include some same-sex couples in the relationship scenarios to ensure that all of Hawaii's students can relate to the important messages that are being shared in the curriculum, including those that may come from same-sex families, are homosexual themselves, or otherwise find themselves in same-sex situations. The inclusion of same-sex couples in the scenarios is not a promotion of homosexuality as some public comments have suggested; it is a reflection of the society in which our students live and must be prepared to understand and succeed in.
>
> Recognizing that some families are not comfortable with their children discussing homosexual relationships in schools, the Department has recommended that UHM-CDS include the actual language from the relationship scenarios (include the same-sex scenarios) in the parent night materials for transparency. This is a strong compromise because it puts the information and power to decide in the hands of the families.

3.3 – Equivalence of Different Types of Discourse: *"The risk level of anal sex without a condom, however, is not addressed."*

> The Department recommended that UHM-CDS add information to the curriculum to ensure students are sufficiently educated about the high risks associated with unprotected anal sex and the lower, but still significant risks involved with protected anal sex.

3.5 – Monogamy: *"While students are informed that `limiting the number of sexual partners a person has can greatly reduce their risk of getting an STI [sexually transmitted infection]', the concept of monogamy is not discussed."*

The Department does not believe it is necessary to further expound upon issues of monogamy in the curriculum.

3.6 – The Stages of Reproduction – Markedly Absent: *"Perhaps most notably, this sexual education curriculum places little emphasis on human reproduction. Students do receive information about sperm, the human egg, fertilization, and pregnancy. Other terms regarding reproduction, however, are noticeably absent. A student relying on this curriculum would be able to understand anal and oral sex, but would not be able to identify the length of the standard human gestation period, nor be able to define what a gestation period is."*

The Department believes the information provided about the reproductive process in the Pono Choices curriculum is sufficient.

This report describes the academic standards and benchmarks for middle school health classes and notes that additional information about the reproductive process are covered as part of the standards and courses for biology and life science. Standards and courses are designed to ensure that the content covered in different courses and grades is complementary, developmentally-appropriate, educationally sound, and digestible; it is not possible to cover all issues in every context.

It is not necessary for purposes of preventing the behaviors that lead to pregnancy or sexually transmitted infections, which is the purpose and context of the Pono Choices curriculum and the health education classes, for the student to identify the length of the gestation period. Rather, that information is covered in life sciences and biology.

However, among its planned actions is the review of the research and practices in other states and districts to determine if the timing of health courses, including sexual health education, and science courses covering life sciences are designed and timed to be the most developmentally appropriate and effective.

4.1 – Sexually Active 11 Year-Olds: *We can conclude that sexual behavior among 11 year-olds, especially in Hawaii, is an anomaly... we can also say that anal sex among 11 to 13 year-olds (outside of sexual abuse) is infinitesimally small. As we noted previously, "age appropriate" sex education curriculum, by law, must be "suitable to a particular age or age group based on developing cognitive, emotional, and behavioral capacity typical for that age or age group" (emphasis added).*[48] *Treating all Hawaii 11 year-olds as if they are part of that small 5% runs contrary to this standard.*

The HCPS benchmark for grades 6 – 8 health is that students can "Describe short- and long-term effects and consequences of sexual activity."

The Pono Choices curriculum, like the other curriculum designed for this age group, is designed to educate students about the consequences of their actions *before* they take such actions. This parallels behavior prevention from other disciplines such as smoking.

However, we know that students in this age group have a wide range of maturity and knowledge about sexual behavior and that it is difficult to get all stakeholders to agree on a universal concept of "age-appropriate." The Department has recommended providing parents with more information and access to the instructional materials so that they can make an informed choice about opting-in to the curriculum.

4.2 – Legal Ramifications for Children are ignored: *"Yet, Pono Choices fails to warn students that underage sexual intercourse is contrary to law.*

The Pono Choices Review Panel discussed this issue at several junctures during their time together; please see the Panel Report for a summary of the discussion.
The Department was initially inclined to recommend including some information in the curriculum about this. However, UH researchers confirmed it was intentional to leave out information about illegality for the potential unintended consequences – that sexually active or victimized students may be reluctant to seek guidance, support, or prevention information out of fear of getting in trouble for participating in "illegal activity."

As noted in the report, some panelists seemed to be torn between the benefits of helping students understand the ramifications of illegal sexual activity and perhaps discourage sexual activity and the potential unintended consequences of discouraging victimized students from seeking help. It was clarified that the legal factors are not part of the standards and that other sexual health education programs do not include this information.

At this time the Department is not recommending changes to the curriculum to address illegality of sex under the age of 14.

4.3 – Girls are not Physically Ready for Sexual Activity: *"Pono Choices also fails to warn young girls that they are not physically ready for sex."*

Same response as issue 4.1.

4.4 – Parents Kept out of the Conversation: *"However, the materials on homosexual relations are notably absent."*

As noted above, the Department has recommended that UHM-CDS include the actual language from the relationship scenarios (include the same-sex scenarios) in the parent night materials for transparency. This is a strong compromise because it puts the information and power to decide in the hands of the families.

4.5 - "Age Appropriate" Pono Choices Does Not Treat Children As Individuals: *"Pono Choices fails: It treats kids with a broad brush, and assumes they are all ready to learn about advanced concepts of sexuality...without full disclosure of the negative consequences."*

Same response as issue 4.1.

5.1 – Input Bias: *"[N]o opponent organizations of same-sex marriage are listed as authors, partners, or resources for the curriculum..,[N]o organizations with a socially conservative perspective on these issues were participants in creating the curriculum.*

The Department does not assess its curriculum decisions based on the political perspectives of its authors. Rather, the Department uses the established academic standards, benchmarks, and curriculum frameworks to review curriculum materials and instructional materials to determine if they meet the state's education goals.

5.2 – Federal Funding: *"The State faces the temptation of added federal funding for "comprehensive sexual education"—which does not require any emphasis on abstinence...While all state agencies should be concerned about fiscal responsibility, however, the State cannot automatically approve "rubber stamp" a one-size fits all model into Hawaii schools."*

The Department is required to comply with both state law and board policy, both of which require an abstinence-based approach that includes information about contraception and prevention methods in addition to abstinence. A shift to abstinence-only would require a change in both state law and Board policy.

---

[i] The CDC conducts the Youth Risk Behavior Survey (YRBS), which monitors six categories of priority health risk behaviors among youth and young adults, including sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases

[ii] See Board Policy 2015 - Hawaii Content and Performance Standards Policy in Appendix B.

[iii] The Hawaii State Department of Education began its implementation of the Hawaii Common Core in School Year (SY) 2012-13 with grades K-2 and 11-12, with implementation in all grade levels in SY 2013-14.

[iv] The FOA defines the term "age-appropriate" as "with respect to the information related to pregnancy prevention, means topics, messages, and teaching methods suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group."

[v] The term "medically accurate and complete" means verified or supported by the weight of research conducted in compliance with accepted scientific methods; and published in peer-reviewed journals, where applicable or comprising information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete.

[vi] The students received the gift card for turning in the form whether the parent chose to consent or not consent. The incentive is to turn in the form regardless; the parents' choice to opt-in or opt-out does not affect this.