



## Broward County Public Schools

With over 271,500 K-12 students, 234 schools, and 15,000 instructional staff, Broward County Public Schools (BCPS) is the sixth largest school district in the nation and the second largest in the state of Florida. BCPS serves a diverse student population with a student body that is 51.3% White, 40.3% Black, 3.8% Asian, 0.8% Native American or Native Alaskan, 0.2% Native Hawaiian or Pacific Islander, and 3.7% multiracial.<sup>4</sup> A third of students identify as Hispanic.

The Diversity, Prevention and Intervention Department (DPI) at BCPS coordinates sexual health education with funding from CDC DASH. DPI helps the district design,



# Key Features of BCPS Family Life and Human Sexuality Policy



Sexual health curricula must be comprehensive, age and developmentally appropriate, medically accurate, evidence-informed, and consistent with the National Sexuality Education Standards.

Sexual health curricula must be inclusive of all students, regardless of age, race, color, disability, gender identity, gender expression and sex or sexual orientation.

Every school must send two staff to the District Train the Trainer event. The two selected are responsible for an in-person training for those implementing the curriculum. This must be done before the teacher can implement the sexual health education; and they must be re-certified by attending training every two years.

adapt, and implement sexual health education through training, customized technical assistance, and teacher coaching. Led by DPI's Sexual Health Coordinator, a team of teachers and district staff selected 21 priority schools to implement and institutionalize sexual health education. Of these priority schools, seven are middle schools (grades 6-8), seven are alternative schools (grades 6-12), two are combination middle and high schools (grades 6-12), and four are traditional high schools (grades 9-12). DPI selected priority schools located in areas with the highest prevalence of HIV and AIDS. They also considered schools that had indicated needs through previous requests for technical assistance on sexual health education.

In February 2018, Healthy Teen Network conducted face-to-face interviews with BCPS high school and middle school teachers, administrators, and DPI staff to learn about how the District has used CDC DASH funding to advance and strengthen their implementation of sexual health education. Below is a summary of what we learned.



## What strategies helped BCPS implement high quality sexual health education?

### Strategy 01.

#### **Craft a strong, detailed policy.**

After reviewing Youth Risk Behavior Surveillance (YRBS) data for Broward County, DPI's Sexual Health Coordinator found that not all high school students reported receiving HIV education in school despite an existing Florida law requiring students receive HIV and AIDS instruction. Although the district had some guidance embedded into a larger policy, it did not spell out recommendations or requirements for curriculum content, professional development, or implementation monitoring. With the support of national and community-based organizations, a youth advisory panel (whose voices were very effective at advocating for sexual health education), teachers, administrators, and School Board committees, DPI was successful at developing a more comprehensive stand-alone sexual education policy. In 2014, the Broward County School Board voted unanimously in favor of this policy.

### Strategy 02.

#### **Build Awareness and Support for Sexual Health Education.**

**Sharing key statistics.** Broward County, together with the adjacent communities of Miami and West Palm Beach, ranks

“Once a principal hears about the statistics, they are quick to say, “Please come in!” They get that if a student is pregnant, it’s going to be more difficult for her to come to class. They hear about the problems. They genuinely want what’s best for the students. We’re all on the same page.”

DPI STAFF PERSON



number one in the nation with the highest rates of HIV.<sup>2</sup> DPI shares this information widely with administrators, teachers and the wider community to build commitment to sexual health education. According to district staff, these groups are typically shocked to learn about how HIV is affecting their county and sharing these data has motivated them to something about it. The opportunity to implement sexual health education was welcomed at the District and was met with very little, if any, resistance.

**Cultivating relationships.** Cultivating relationships is a key strategy in building community-wide support for any initiative, and DPI has worked very hard in this area. During early discussions about district policies, DPI “kept showing up” to meetings, sharing information and offering support on policy options. Today, DPI continues to reach out to administrators, teachers, parents, School Board Members, and even the Superintendent, to educate them about the district’s sexual health education policy and the need for sexual health education. DPI’s message includes an explanation of the link between sexual health education and student’s academic performance, attendance, and social emotional skills (that help with many aspects of a student’s health and wellbeing), a description of what many called “shocking” state statistics about HIV and AIDS, and an appeal to adults’ concern about student’s health and desire to do what’s best for them. These messages proved effective at mobilizing support for sexual health education.

**Building support with principals.** DPI staff acknowledges that norms about teaching sexual health are often set by those who have the greatest influence in a school. So DPI communicates regularly with those who have the highest authority in schools—principals. DPI staff meet with principals to discuss how the sexual health curriculum can be integrated into various subjects, how the curriculum builds social-emotional skills, and

the link between sexual health education and student academic performance and attendance. Principals and Assistant Principals are invited to observe the facilitation of sexual health education in the classroom, and when they do, they often comment on how engaged students are and how relevant the content is for their students.

**Building support with teachers.** Two DPI staff have played a key role in gaining support from teachers. They are each assigned to a subset of priority schools to provide training, technical assistance and coaching. They make monthly visits to their assigned schools in addition to email and phone communication. Their regular contact with teachers has allowed them to develop trusted relationships, and as a result, teachers report feeling supported and more confident in teaching the content and using the pedagogical methods in their chosen sexual health education curriculum (described below).

**Building support with parents.** Parents are informed about sexual health education in writing at the beginning of the school year, during open houses, PTA meetings, parent-teacher conferences, and parent workshops (although attendance at workshops has been low). Very few parents choose to opt out their children and many express their appreciation that the district is providing this information. DPI is available to address concerns and answer questions from parents who opt-out their children. Often times, their decision to opt-out from sexual health education is because of their misunderstanding of the curriculum’s objectives. Some believe that the program is going to teach children “how to have sex” and have concerns about “explicit language or diagrams.” DPI uses this opportunity to correct misinformation about the curriculum and invites parents to review the lesson plans on DPI’s website. Once their misperceptions are addressed, many parents reverse their opt-out decision.



“Little by little, teachers started to relax and get more comfortable. We supported each other. We laughed. At the end of the training a lot of teachers actually said they look forward to teaching the lessons.”

BCPS MIDDLE SCHOOL TEACHER



### Strategy 03.

## Select an Evidence-Informed Curriculum.

Prior to current CDC DASH funding, BCPS had a five-lesson HIV curriculum that was developed by the district. Many teachers considered it to be out-of-date, with didactic learning activities that did not engage students. As a consequence, schools stopped teaching it or stopped teaching it consistently. In 2013, it was clear that DPI had to find another curriculum that would better meet student and teacher needs.

DPI worked with their advisory committee, using the Health Education Curriculum Analysis Tool (HECAT)<sup>3</sup>, state standards, and National Sexuality Education Standards<sup>4</sup> to review and assess sexual health curricula, and ultimately selected the FLASH curriculum developed and distributed by Seattle/King County.<sup>5</sup> They also selected this curriculum for the flexibility it offers teachers to present activities in ways that best meet the needs of their students. The team selected ten lessons for high school students and seven for middle school students. The lessons were later customized for Broward teachers and students and scripted for teachers to easily implement. The curriculum is taught in life sciences (middle school) and biology (high school) classes once a week or over consecutive days. The decision to embed the curriculum within biology classes was deliberate, as not all students elect to take a health class during high school. The lessons cover topics such as reproductive anatomy and physiology, birth control, sexually transmitted infections and HIV, gender identity, sexual identity, and healthy relationships.

Teachers have expressed enthusiasm for these lessons, and note that the fact they are scripted has helped them to deliver sensitive information, especially when they find it difficult to find the age-appropriate and correct language to explain a concept. Scripted lessons also help teachers

deliver the program consistently each time. The lesson plans clearly specify the content that needs to be explained to students as well as the steps for facilitating and processing learning activities. Teachers also value the curriculum's explicit directions for creating a safe and comfortable learning environment, especially the setting of ground rules.

High school teachers also mentioned their appreciation that the district, with funding from the Broward Regional Health Planning Council, provided them with an “educator kit” to conduct condom demonstrations (including condoms, samples of contraceptive methods, and demonstration models). Teachers are also encouraged to create an anonymous question box. The professional development teachers receive provides them with guidance on how to use the anonymous question box and each lesson contains an activity to encourage its use.

### Strategy 04.

## Develop and Provide Professional Development.

DPI provides a comprehensive package of hands-on professional development opportunities. All interviewees mentioned DPI's professional development activities as key to their success.

**District-wide training.** All schools (priority schools and non-priority schools) are required to send two teachers (science teachers or physical education teachers) to a six-hour Training of Trainers (TOT) on sexual health education. DPI provides all of the materials necessary to help these teachers train other teachers at their school. Each training cohort is a mix of teachers from elementary, middle, and high schools. Having teachers from different grade levels at the training has been an

effective strategy for showing how teachers can work together over the course of a student's development stages to teach about sexual health.

The TOT is delivered by DPI staff and is offered twice a month between December-March. The training includes a presentation of local data and district policies, an overview of the curriculum, trainer modeling and teacher practice delivering some of its activities, a review of techniques for answering student questions, and an overview of how sexual health education fits with other CDC DASH funded efforts to improve sexual health services and build safe and supportive environments. If priority school teachers are not able to attend a district-wide training, a DPI staff member will go to their school to conduct the training.

Teacher comfort is a key focus of the training. While the majority of teachers are supportive of sexual health education, many science and physical education teachers have little to no experience in teaching sexual health. At first, some teachers expressed discomfort in talking about topics explored in the curriculum (e.g. using correct anatomical language, explaining gender, sexual orientation and gender identity, and conducting a condom demonstration). The training is designed for participants to receive both peer and trainer support with opportunities for practice. Trainers have been effective at letting teachers know it is OK to make mistakes, and at encouraging their comments and questions.

#### Strategy 05.

### Coach Teachers in Curriculum Delivery.

After teachers attend the District training (described above), DPI staff offer to teach or co-teach one or more lessons. This support has proven to be an effective way to help teachers feel more equipped to teach the curriculum on their own. Through classroom observations, DPI staff provide feedback and coach teachers in facilitating the activities. Teachers welcome being observed and given feedback, especially new teachers and teachers who are new to sexual health education. After modeling and observation, most teachers have the confidence, skill, and knowledge to facilitate the curriculum on their own.

After this intensive time together, DPI staff continue to visit the school once a month. During this time, they can answer teacher questions, problem solve, address parent concerns, assist with planning/scheduling, and provide support in completing reporting documents. They make sure that teachers know that they are always available by phone or email.

## Student Impact



### Student Disclosures

Teachers talked about the importance of establishing a safe and comfortable place for students to learn. Common ground rules are “everyone is accepted” and “no judging of people who are not like you.” Teachers believe that this safe environment opened the door for some students to talk openly about their gender identity and sexual orientation in class. Some teachers shared that students talked with them privately after class about being sexually abused. Teachers were able to report the abuse and connect students to services in school and in the community. Other students spoke to teachers privately about the need for birth control and concerns about having an STI. Teachers were able to help students locate community resources to address those needs.





## Student Misperceptions

Teachers heard numerous student misperceptions about sexual health while implementing sexual health lessons (e.g., the belief that one cannot get pregnant while standing up or until after 21 years of age; belief that hitting one's girlfriend is a normal way of resolving conflict; and belief that they are not at risk for STIs). The curriculum allowed for an opportunity to create a safe, non-judgmental space for students to ask questions—questions that they might not otherwise have asked. In turn, an opportunity was created for teachers to hear and correct misinformation.

## Developing Empathy

Teachers described several student “transformations” that occurred because of the curriculum’s learning activities—transformations that appeared to happen because of the empathy evoked from the learning activities. For example, one student who had bullied another for being gay, realized the hurt he had caused after a lesson on sexual orientation, and apologized to the gay student. Through a role play activity, a student who didn’t think hitting his girlfriend was wrong (behavior modeled by his father), understood that there were healthier ways of resolving relationship conflict, and shared with the teacher that he was going to talk with his dad about what he learned in class.

### Strategy 06.

## Ensure guest speakers are approved by the district.

Teachers are permitted to supplement their instruction with guest speakers or outside agencies, and some choose to do so. All outside speakers are required to gain approval through a superintendent screening process to ensure that their messages are consistent with district policies. The process includes a presentation to district administrators, a health advisory committee, and observations by district staff. Prior to the current CDC DASH project, there was no mechanism in place to ensure that DPI knew which speakers had been approved. The new policy included a formal system to document approved speakers, allowing DPI to advise their schools accordingly.

### Strategy 07.

## Monitor implementation.

DPI uses a range of strategies to ensure that sexual health education is implemented as planned. They initially work with the school to determine where the curriculum will be placed in the school calendar, and begin reaching out to the teachers prior to implementation to provide reminders and assess needs for support. During implementation, DPI staff periodically conduct observations and encourage school administrators to do the same. These efforts help ensure that the lessons are delivered as planned. They also document delivery by asking teachers to complete an online survey after implementation.



## References and Resources

1. For more information about Broward County Public Schools, see: <http://bit.ly/2EpFh5J>
2. <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2016-vol-28.pdf>
3. For more information about the HECAT, see: <http://bit.ly/2fqC9I6>
4. For more information about the National Sexuality Education Standards, see: <http://bit.ly/1eZmEQI>
5. FLASH was purchased by ETR Associates after BCPS adopted the curriculum and adapted it. For more information, see: <http://bit.ly/2sgEvCq>

## The Upshot

Broward County Public Schools improved sexual health education by taking these key actions:



Developing and widely sharing a comprehensive district policy on sexual health education.



Explaining the links between sexual health education and student academic achievement, attendance, and social emotional skills.



Selecting an evidence-informed curriculum consistent with established health education standards and allowing for instructional flexibility.



Developing and delivering a comprehensive district-wide teacher training.



Training multiple staff in each school to help institutionalize sexual health education.



Cultivating and maintaining relationships with School Board Members, administrators, teachers, parents, and community stakeholders such as the health department and other community-based organizations.



Working with each school to schedule sexual health lessons in the school calendar.



Using data (especially about high rates of HIV and AIDS) to create a strong case for the need for sexual health education.



Modeling the implementation of the curriculum, observing and coaching teachers as they begin to implement the curriculum in their classrooms, and providing follow-up support through school visits, phone calls, and email throughout the school year.



Healthy Teen Network

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