Sexual Education Policies in Colorado School Districts

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Prepared in consultation with the
Colorado Department of Public Health and Environment,
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Contents

Acronyms

ACA	Affordable Care Act
CASB	Colorado Association of School Boards
CASBHC	Colorado Association of School-Based Health Care
CRS	Colorado Revised Statute
CDE	Colorado Department of Education
CDPHE	Colorado Department of Public Health and Environment
CHIP	Children's Health Insurance Program
COLOR	Colorado Organization for Latina Opportunity and Reproductive Rights
HB	House Bill
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
IHAM	CASB policy notation for instructional policy on health education
IHAMB	CASB policy notation for instructional policy on family life and sex education
IMB	Policy notation for controversial issues
PPRM	Planned Parenthood of the Rocky Mountains
PREP	Personal Responsibility Education Program
SBHC	School-based health center
STD	Sexually transmitted disease (see also STI)
STI	Sexually transmitted infection (see also STD)

Executive Summary

Unintended pregnancy, transmission of sexually transmitted infections (STIs), and sexual and dating violence among teenagers in Colorado entail high personal and social costs, despite these being largely preventable public health problems. As part of the effort to end unintended pregnancy and prevent the spread of infectious diseases among all Colorado residents, starting with school-aged youth, Colorado Governor John Hickenlooper signed House Bill 1081 (HB13-1081) "Comprehensive Human Sexuality K-12 Education Act" into law on May 28, 2013.

Since then, 49 public school districts have updated their sexual education policies to cross reference Colorado Revised Statute (CRS) 22-1-128, which is HB13-1081 in law. Despite these updates, only 31 percent of school districts have policies for comprehensive sexual education, nearly three years after the adoption of HB13-1081.

In this analysis, I explore three non-mutually exclusive alternatives, differing primarily in policy vehicle, to increase the school board adoption of policies conducive to comprehensive sexual education in public schools:

Alternative A: Work with sponsors in the General Assembly to introduce and support legislation requiring that sexual education be comprehensive as defined in CRS 22-1-128 when taught in Colorado schools.

Alternative B: Actively work with boards of education to encourage and support local decisions to adopt comprehensive sexual education policies.

Alternative C: Work closely with the staff of existing SBHCs to increase access to sexual and reproductive health services and education.

Based on the analysis of these alternatives against the criteria of the relative cost to the state and to the school districts, the administrative feasibility, and the expected general impact on long-term outcomes, I recommend that the Colorado Department of Public Health and Environment (CPDHE) pursue a combination of Alternative B and Alternative C. CDPHE can rapidly implement these alternatives at low costs to facilitate the voluntary local adoption of policies conducive to comprehensive sexual education in Colorado school districts without strong administrative barriers.

Background

In 2011 the Colorado Department of Public Health and Environment (CDPHE) identified unintended pregnancy and infectious disease prevention as two of ten "winnable battles" to target over the next five years (CDPHE, 2011). To address these issues among Colorado youth. Colorado Governor John Hickenlooper signed House Bill 1081 (HB13-1081) "Comprehensive Human Sexuality K-12 Education Act" into law on May 28, 2013.

HB13-1081

HB13-1081 established content standards for comprehensive sexual education and established the Comprehensive Human Sexuality Education Grant Program by making changes to two Colorado Revised Statutes (CRS). CRS 22-1-128 defines relevant terms, including *comprehensive human sexuality education*, *culturally sensitive*, *evidence-based program*, *positive youth development*, *age-appropriate*, and *sexual abstinence* (see Appendix A). This bill repealed CRS 22-1-110.5 (HB07-1292), which had previously established science-based standards for human sexuality instruction, due to redundancy in the new statute.

> ***Comprehensive human sexuality education*** *means medically accurate information about all methods to prevent unintended pregnancy and sexually transmitted diseases and infections, including HIV and AIDS, and the link between human papillomavirus and cancer, and other types of cancer involving the human reproductive systems, including but not limited to prostate, testicular, ovarian, and uterine cancer. Methods must include information about the correct and consistent use of abstinence, contraception, condoms, and other barrier methods.*
>
> *CRS 22-1-128((2)(b)*

HB13-1081 encourages comprehensive sexuality education programs in Colorado public school districts and schools by establishing the Comprehensive Human Sexuality Education Grant Program and the interagency Youth Sexual Health Team, both monitored by CDPHE (CRS 25-44-102, CRS 25-44-103). CDPHE oversees the grant program and applies for federal grants or other appropriations to provide funding to public schools and school districts "for use in the creation and implementation of comprehensive human sexuality programs in their curriculum." The executive director or his/her designee from CDPHE, from the Colorado Department of Health Care Policy and Financing, and from the Colorado Department of Human Services, the Commissioner of Education or his/her designee, and

a parent representative appointed by the Department of Health compose the interagency Youth Sexual Health Team. CRS 25-44-103(2)(a) is not allowed to recommend applying for grants that "promote abstinence as the sole behavioral method for youth or funding requiring adherence to the A-H guidelines of section 510 (b) of title V of the federal 'Social Security Act,' Pub. L. 104-193, which are inconsistent with the provisions of section 22-1-128, CRS."

Problem Definition

Colorado faces a two-stage problem. First, unintended pregnancy, transmission of sexually transmitted infections (STIs), and sexual and dating violence among teenagers in Colorado entail high personal and social costs, despite these being largely preventable public health problems. HB13-1081 "Comprehensive Human Sexuality K-12 Education Act" addresses the first stage of the problem:

> When compared to the national average, Colorado has a lower rate of teen births and a lower rate of certain sexually transmitted infections, according to the Centers for Disease Control and Prevention and the Colorado Department of Public Health and Environment. In spite of this data, Colorado youth still face many barriers in obtaining the medically accurate information and resources they need to make informed and responsible decisions to lead healthy lives.
>
> *(CRS 22-1-128(1)(a)(VII)*

The legislative declaration identifies the continued need to support youth in accessing information about sexual health. The statute further discusses the impact of delaying the onset of sexual activity, decreasing the frequency of sexual activity, reducing the number of sexual partners, and increasing condom and contraceptive use (VIII) on helping to prevent unintended pregnancy and the spread of sexually transmitted infections (X) and the negative effects of sexual violence and teen dating violence (IX).

Given that the state is addressing the first stage of this problem by focusing on comprehensive sexual education, CDPHE should focus on the second stage of the problem: at least 90 and up to 123 of Colorado's 178 public school districts (50.6 to 69.1 percent)

still do not have policies conducive to comprehensive sexual education, nearly three years after the signing of HB13-1081.

Current Situation

Colorado has 178 public school districts, with some encompassing only a single school for kindergarten through 12th grade, and others having more than 150 schools (Colorado Department of Education (CDE), 2016). Colorado law does not require that schools teach sexual education, but does mandate an exemption procedure for sexual education (CRS 22-25-106(4)). Of the 178 school districts, 145 (81.5 percent) have the board policy documents pertaining to sexual education or teaching controversial subject matter available on the district website or through email contact with an administrator (see Table 1).

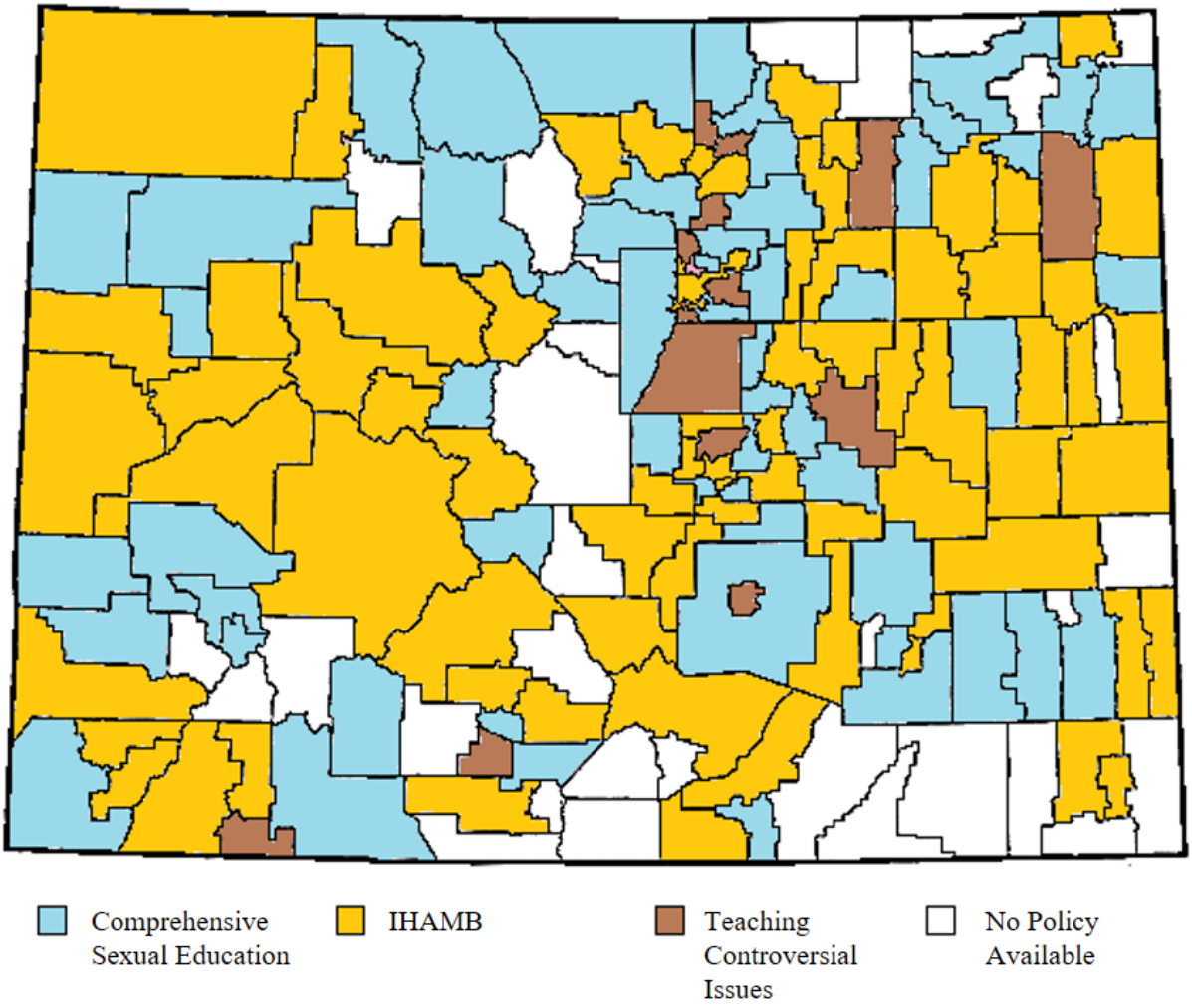
Table 1 *Sexual Education in Colorado School Districts*

Type of Policy	Number	Percent (out of all districts)	Percent (out of districts with documentation available)
No Policy on Record	33	18.5	n/a
Districts with Sexual Education Policy Available or Referenced	145	81.5	100
Comprehensive Sexual Education	55	30.9	37.9
Not Comprehensive Sexual Education	90	50.6	62.1

Based on assumptions through legal cross-references noted in the policies and policy phrasing, I classify the district sexual education policies as comprehensive sexual education or not (refer to Figure 1; see also Appendix B). To be not comprehensive sexual education could refer to abstinence-only education or no sexual education in the school district. To have a policy does not

mean that there is necessarily sexual education of any sort in a school district, but I assume as much in this analysis for the sake of simplicity and comprehension.

***Figure 1**: Sexual Education Policies of Colorado School Districts*



For the districts that are part of the Colorado Association of School Boards (CASB), sexual education falls under Section I, which deals with Instructional Policy. The CASB has updated its sample policies to reflect recent changes in Colorado law and has combined IHAM "Health Education" and its sub-policies into one policy, but these are voluntary updates for members. Given the interest in sexual education policies specifically, unless otherwise noted IHAM refers to the combined "Health and Family Life/Sex Education" policy rather than its previous form as only the "Health Education" policy.

I consider those school districts for which IHAM is the combined "Health and Family Life/Sex Education" to have policies for comprehensive sexual education, as inferred from the

legal cross-references in those policies. IHAM policies with this title cross reference CRS 22-1-128, which defines comprehensive sexual education, if updated since May 2013, and not CRS 22-25-104(6), which says that abstinence must be the focus for school-aged children. The exception to this is the IHAM policy in Colorado Springs 11 that, though updated in 2015, does not cross reference CRS 22-1-128 or include "Family Life/Sex Education" in the title, but does refer to "appropriate instruction on family roles and expectations." Jefferson County R-1 updated its policy in December 2013 and does not include "Family Life/Sex Education" in the IHAM policy title, but does cross reference CRS 22-1-128, so I include this among the comprehensive sexual education policies. I include the Boulder Valley RE 2 IGAI policy on "Human Sexuality" and the Steamboat Springs RE-2 I-5 policy on "Health/Physical and Family Life/Sex Education" under policies for comprehensive sexual education because neither policy cross references CRS 22-25-104(6).

School districts with other policies, unless noted above, do not have policies for comprehensive sexual education. Under CASB standardized policies, this predominately refers to IHAMB on "Family Life/Sex Education." Though these districts also have IHAM policies, the IHAM policies refer to only "Health Education" and do not include mention of sexual education, except in the cases noted above. IHAMB policies include the sentence, "The schools should support and supplement parents' efforts in these areas by offering students factual information and opportunities to discuss concerns, issues and attitudes inherent in family life and sexual behavior including inquiring into *traditional moral values*" [emphasis added]. Though not explicit, this implies abstinence education favoring a heteronormative framework for sexual relationships and marriage. IHAMB policies are more likely than IHAM policies to cross reference CRS 22-25-104(6), which says that "any curriculum and materials developed and used in teaching sexuality and human reproduction…shall give primary emphasis to abstinence by school aged children." While some IHAM policies also cross reference this statute and all districts are subject to the statute, IHAM policies are more likely to cross reference CRS 25-1-128, which emphasizes abstinence as only one component of sexual education.

Under non-comprehensive sexual education policies, I include the range of policies that reference teaching controversial subject matter, such as IMB "Teaching About Controversial Issues." Some school districts with IHAM or IHAMB policies also have controversial material policies, but this section refers to those districts without independent sexual education policies.

The policies on controversial issues do not all incorporate sexual education, but the 2012 Local Level Youth Sexual Health Policies, an informal CDPHE policy scan of the 15 largest school districts, suggests that sexual education falls under the purview of these policies if not incorporated elsewhere in the policy documents. This sort of policy is far less specific than either IHAM or IHAMB policies in terms of instructional and content expectations.

Since the adoption of HB13-1081 in May 2013, at least 67 school districts have revised or reviewed their sexual education policies. Of the school districts that have updated their policies, 49 have IHAM "Health and Family Life/Sex Education" policies, assumed here to represent comprehensive sexual education policies, whereas 14 have revised IHAMB "Family Life/Sex Education" policies and four have revised IMB "Teaching About Controversial Issues" policies. This does not mean that all of these school districts adopted entirely new policies, but does show that only 18 of the 67 school districts that made changes (26.9 percent) still have non-comprehensive sexual education policies, which could suggest greater interest in comprehensive sexual education in Colorado schools.

Despite having applied for several federal grants to fund comprehensive sexual education programming in Colorado since the signing of HB13-1081, CDPHE has not received any grant awards to date (CDPHE, 2014; confirmed via personal communication with supervisor of CDPHE Interpersonal Violence Prevention Unit, February 2016).

School-Based Health Centers

Colorado established the School-based Health Center (SBHC) Grant Program in 2006 (CRS 25-20.5) under CDPHE's Prevention Services Division. In FY2015-16 the grant program funded 55 SBCH sites under 22 grantees, awarding over $4,610,000 in continuation, start-up, and planning funding (CDPHE, 2015). Of the 59 SBHCs active in FY2015-16, 43 SBHCs offered reproductive health services. Forty-nine SBHCs in 17 school districts report offering reproductive health education in their 2016 applications for CDPHE grant funding, but there is not

*A **school-based health center** is a clinic established an operated within a public school building, including charter schools and state sanctioned GED programs associated with a school district, or on a public school property by the school district. School-based health centers are operated by school districts in cooperation with hospitals, public or private health centers, and community mental health centers .*

CRS 25-20.5-503

more detailed information available regarding what this entails. Of the 49 SBHCs that offer reproductive health education, 46 SBHCs provide reproductive health exams onsite, and three provide referrals for such exams. All 17 districts with an SBHC offering reproductive health education have at least one site open to a population beyond the students in the host school.

Literature Review

When determining how CPDHE should address the problem, it is important first to estimate costs of the first stage of the problem to understand the scope of the problem, and then to decide if the State of Colorado's decision to pursue comprehensive sexual education is the appropriate solution.

Economic Costs of Unintended Pregnancy, STI Transmission, and Sexual Violence

Unintended pregnancy, STI transmission, and sexual violence, especially among teenagers, generate high social and economic costs, as seen in Table 2, despite being largely preventable. All costs here are in 2016 dollars.

Costs of Unintended Pregnancy

Unintended and teen pregnancy result in high social and personal costs. According to Sonfield and Kost (2015), public insurance programs funded 68 percent of unplanned pregnancies compared to 38 percent of planned pregnancies nationally in 2010, amounting to $14,000 per birth in prenatal care, labor and delivery, postpartum care, and 12 months of infant care costs. In Colorado there were an estimated 23,800 unplanned births in 2010, with 63.8 percent of those, or 15,100, requiring public funding. The average cost for maternity care and the first year of infant care in Colorado is $10,272 per birth for maternity care and the first year of care for the infant. In 2010 the costs for publicly funded unintended births total $155.1 million. If I include the next four years of childcare in the estimate, the cost per birth increases to $16,854, meaning that the total estimated cost for maternal care and the first five years of infant care of publicly-funded births is $254.5 million. These estimates do not account for social costs of unintended pregnancy, which is likely higher among teenage mothers because of the associated opportunity costs and limitation of future opportunities (Cohen, Piquero, & Jennings, 2010; see also Perper, Peterson, & Manlove, 2010).

Costs of STI transmission

Costs of sexually transmitted infections, or STIs, are also high. Approximately half of all new cases of STIs occur among young people, ages 15 to 24 (Centers for Disease Control and Prevention (CDC), 2013). The Colorado rates for chlamydia, gonorrhea and primary and secondary syphilis among young people, while still significant, were below those for the United States as whole in 2013 (CDC and National Electronic Telecommunications System for Surveillance, 2014).

Chesson, Blandford, Gift, Tao, and Irwin (2004) calculated the total direct medical cost per case of many common STIs based on diagnostic and treatment costs of the estimated number of new cases in 2000. By assuming the same costs as in 2000 (Chesson, et al, 2004) and the same proportion of male to female cases as in 2008 (CDC, 2013), which admittedly is a big assumption, I estimate the costs for each STI in 2013 in Colorado. In 2013, there were 13,374 cases of chlamydia, 1,437 cases of gonorrhea, and 34 cases of primary and secondary syphilis (CDC and National Electronic Telecommunications System for Surveillance, 2014). Assuming 54.1 percent of cases are for females and 45.9 percent are for males, then the total direct medical costs of reportable STIs in Colorado in 2013 was approximately $2,960,325 ($2,611,038.44 for chlamydia, $334,190.85 for gonorrhea, and $15,096 for syphilis). These estimates do not include the social costs of STIs or the costs of non-reportable STIs, and so is an underestimate of the total costs of STIs to the state.

> ***Sexual violence*** *refers to a sexual act that is committed or attempted by another person without freely given consent of the victim or against someone who is unable to freely consent.*
>
> *Centers for Disease Control and Prevention*
> *Basile, Smith, Breiding, Black, & Mahendra, 2014*

Costs of Sexual Violence

CDPHE uses the CDC definition of sexual violence. Estimated rates of sexual violence in Colorado are above the national average (Hess, Hegewisch, Yi, Williams, & Augeri, 2013). Sexual violence has high direct and indirect costs, as clear in the cases shown here of Utah in 2011 and Minnesota in 2005. In Utah the average cost per incident of sexual violence in 2011 was $167,500, including medical care, mental healthcare, lost work, suffering and lost quality of life, and investigations, among other costs

(Cowan, 2015). In 2011 the Utah state government spent over $96.9 million on prosecution, incarceration, and treatment of perpetrators of sexual violence, $17.4 million on care for survivors of sexual violence, and only $599,000 on prevention. The Minnesota Department of Health (2015) estimated that in 2005, the economic cost of sexual assault totaled more than $9.7 billion. The average economic cost of a sexual assault against a child was $223,000, while the cost of sexual assault against an adult was $169,000. These costs included short-term physical and mental healthcare for survivors, long-term healthcare as a direct result of assault and trauma, lost earnings, and legal costs.

In 2014 law enforcement agencies in Colorado reported 2,961 forcible rapes, an increase of two percent from 2013 (Colorado Bureau of Investigation, 2014). These figures do not include those rapes not reported or any other forms of sexual violence as defined by the CDC. Using only the range of cost estimates from Utah and Minnesota, the estimated cost for the reported cases of forcible rape in Colorado in 2014 was between $496 million and $660.3 million.

Table 2 *Estimated Costs of Select Negative Outcomes in Colorado*

Category and Year	Number of incidents in Colorado	Cost per incident/case (2016$)	Total estimated cost for cases in one year
Publicly funded unintended births—Maternal care and 12 months of infant care (2010)	15,100	$10,272	$155,107,200
Publicly funded unintended births—Maternal care and 60 months of infant care (2010)	15,100	$16,854	$254,495,400
Youth STI—Reportable STIs (2013)	14,845	*varies*	$2,960,325
Chlamydia	*13,374*	*$27.66 (male)* *$337.42 (female)*	*$2,611,038*
Gonorrhea	*1,437*	*$73.29 (male)* *$367.85 (female)*	*$334,191*
P&S Syphilis	*34*	*$614*	*$15,096*
Sexual violence – Forcible rapes (2014)	2,961	$167,500 to $223,000	$496 million to $660.3 million

Sexual Health Education Programs

Given that Colorado has chosen to pursue comprehensive sexual education as the policy solution to the first stage of the problem defined above, it is worth considering whether this is an appropriate response and if CDPHE actively should pursue the implementation of HB13-1081 and the expansion of comprehensive sexual education. While the effectiveness of sexual health education differs with community characteristics and program content, rigorous reviews and analyses of sexual education programs generally indicate better long-term outcomes for comprehensive sexual education as opposed to abstinence-only education, and for any sexual education as opposed to no sexual health education.

The literature discussed here suggest broad themes, but the precise numbers may not apply to all contexts. For this reason, I will not impute the projected impact of particular sexual education programs on Colorado's unintended pregnancy, STI transmission, and sexual violence rates among teenagers.

Comprehensive Sexual Education

Studies evaluating CSE interventions overwhelmingly found net positive returns on investment in comprehensive sexual health programs. Chen, Yamada, and Walker (2011) found that investing $1000 on school-based health education intervention prevents 13.67 unintended preadolescent pregnancies. Wang, Davis, Tobin, Collins, Coyle, and Baumler (2000) evaluated the CSE intervention Safer Choices and attributed avoidance of 0.12 cases of HIV, 24.37 cases of chlamydia, 2.77 cases of gonorrhea, 5.86 cases of pelvic inflammatory disease, and 18.5 pregnancies to the program, for an estimated savings of $2.65 in total medical and social costs per dollar invested in the program. A 2012 report from the Brookings Institution estimated the annual program cost for evidence-based teen pregnancy interventions to be $145 million, resulting in $356 million in annual taxpayer savings due to a 7.5 percent reduction in teen pregnancy (Thomas, 2012).

Abstinence-Only Education

Multiple studies found positive impacts of abstinence-only education when compared to general health curricula that do not address sexual health. Two set of authors presented conclusions that the abstinence-only program Sex Can Wait resulted in positive outcomes, though the studies differed in time range and focused primarily on short-term knowledge and intention outcomes. Laflin, Sommers, and Chibucos (2005) found that Sex Can Wait increased knowledge, positive

attitudes toward abstinence, belief in ability to remain abstinent, intention to remain abstinent, and an improvement in the level of comfort talking with parents about sex and abstinence in the short term. Denny and Young (2006) found no statistically significant short term benefits for middle school participants in Sex Can Wait; however, the authors did find that the treatment group was statistically less likely to report participation in sex ever and in the last month than the comparison group. The treatment group also had long term gains in knowledge, though the effects were modest.

Cannonier (2011) concluded that spending $50,000 on State Abstinence Education through Title V avoids on average four pregnancies. The authors of a Mathematica Policy Research, Inc., study found no statistical difference from the control group in rates of unprotected sex, but abstinence-only students were less likely to perceive condoms as effective in STI prevention (Trenholm, Devaney, Fortson, Quay, Wheeler, & Clark, 2007).

Direct Comparisons of Sexual Health Education Programs

Few studies directly compare abstinence-only education models with comprehensive sexual education programs. Kirby (2007) reviewed 54 studies, based on defined criteria, of different types of sex and STD/HIV education programs with the intended outcome of reducing teen pregnancy and/or STI rates. He found no evidence that abstinence-only programs effectively delay initiation of sex, whereas two-thirds of comprehensive sexual education programs delayed sexual impact, reduced the frequency of sexual intercourse or number of partners, or increased condom and contraceptive use. Kirby concluded that comprehensive sexual education programs that encourage abstinence as well as condom or contraceptive use when not sexually abstinent did not increase sexual behaviors.

Oman, Merritt, Fluhr, and Williams (2015) compared the effectiveness of a comprehensive teen pregnancy prevention program to an abstinence-only teen pregnancy prevention program on improving middle school students' knowledge, attitudes, and behaviors in a state with high teen birth rates. The authors found that students in the abstinence-only program and the comprehensive sexual education program demonstrated significantly improved knowledge, attitudes, and behavioral outcomes from pre- to post-intervention. Abstinence-only students statistically were more likely to answer knowledge questions correctly, but comprehensive sexual education students reported more positive attitudes and behaviors. The authors found that students in the abstinence-only program are less likely to report intention to have sex, but also less likely to report intention to practice safe sex than students in comprehensive sexual education programs. Oman,

et al., concluded that changes in knowledge did not impact behavioral intentions, but that improvements in attitudes better explained changes in behavioral intentions for abstinence-only and comprehensive sexual education students. This demonstrates an important use of pre- and post-evaluations, but does not offer any medium- or long-term follow-up to determine the effectiveness of these programs on changing sexual behaviors, such as delaying sexual initiation or increasing contraceptive use, and reducing teen pregnancy and STI transmission.

Jemmott, Jemmott, and Fong (2010) found that a theory-based abstinence program reduced sexual initiation and recent sexual intercourse over the 24-month follow-up period, whereas the comprehensive sexual education intervention group did not differ statistically from the control group. The authors found no statistical difference in terms of multiple partners or consistent condom use. However, the theory-based abstinence program did not meet the federal standards for abstinence education, as defined by Guidelines A-H of the U.S. Social Security Act, §510(b)(2), which stipulate that, as applied in practice, discussion of contraception must be in the context of its failure rate and focus on marriage as the goal, which until 2015 automatically implied heterosexual matrimony.

Pertinent Federal and State Funding

Funding for sexual education has changed in recent years to incorporate options for comprehensive sexual education funding, rather than abstinence-only education. The Affordable Care Act (ACA) updated Title V of the 1996 Social Security Act to include grant funding to education adolescents on abstinence as well as contraception to prevent pregnancy and STI transmission. Passage of the Medicare Access and Children's Health Insurance Program (CHIP) Reauthorization Act of 2015 (P.L. 114-10) extended funding for the Personal Responsibility Education Program (PREP) through 2017, with $55,250,000 available annually for states to implement evidenced-based programs. The Appropriations Act for 2016 does not include any appropriation for Title V funding, but the Consolidated and Further Continuing Appropriations Act, 2015, appropriated $5 million to abstinence-only education under U.S. Social Security Act, §510(b)(2).

The 2016 Appropriations Act appropriates $101 million to fund medically accurate, age-appropriate, and evidence-based teen pregnancy prevention programs, with $6.8 million appropriated for evaluations of teen pregnancy prevention programs. The Act does appropriate $10 million for sexual risk avoidance programs, which seems to imply abstinence education, but it is critical to note that this does not require compliance with Guidelines A-H of Title V.

The Colorado Department of Education (CDE) manages funding from the Title V State Abstinence Education Grant Program through the U.S. Department of Health and Human Services Administration for Children and Families. The current grant expires in September 2016, with sub-grantees receiving a total of $603,509 (personal correspondence with CDE Title V Program Manager, February 11, 2016). CDE is considering applying for the next round of funding when it becomes available, with a focus on Positive Youth Development (PYD), but it is unclear whether this is a departure from abstinence education given that PYD emphasizes LGBTQ inclusivity, which is generally not part of abstinence programs (see Appendix A for a full definition of PYD).

Future changes will be highly dependent on the next president and the composition of Congress after national and state elections in November 2016.

CDPHE's budget for FY2015-2016 totaled $532,213,807, and over half of the funds come from federal sources. Prevention services made up over 40 percent of the CDPHE budget in 2014 (Wolk, 2015).

Stakeholders

Colorado Department of Public Health and Environment

CDPHE leads the interagency Youth Sexual Health Team in Colorado and manages the Comprehensive Human Sexuality Education Grant Program in the state. CDPHE identified unintended pregnancy and transmission of infectious diseases as two of the ten winnable battles in Colorado in the 2011-2016 Strategic Plan. CDPHE is evaluating the changes in sexual health education around the state in hopes of establishing a baseline for future research and investment.

Colorado Department of Education

CDE oversees public kindergarten through 12th grade education in the state and has standards for health and sexual education. CDE does not have an enforcement lever for ensuring that school sexual education programs meet the requirements for health education. CDE also administers the federal Title V Abstinence Education Grant Program funding in Colorado. CDE awards sub-grants to local organizations that then contract with schools to provide abstinence education. The five current sub-grantees in Colorado currently receive a total of $603,509 from the U.S. Department of Health and Human Services Administration for Children and Families, which ends in September 2016.

Organizations that Provide Sexual Education Curricula

Organizations such as Colorado Youth Matter, the Center for Relationship Education, Planned Parenthood of the Rocky Mountains (PPRM), and FRIENDS FIRST, Inc., are examples of organizations that may have financial and/or ideological incentives to support a particular policy. The five CDE Title V sub-grantees have financial, if not ideological, interest in the continuance of abstinence education in school districts. Colorado Youth Matter and PPRM offer training and curricula for comprehensive sexual education and may have financial interest in expanding comprehensive sexual education in the state. The organizations with which the state contracts for SBHCs have interest in the continued funding of SBHCs and related services.

Local School Districts (Boards of Education)

The 178 public school district boards of education adopt district-level policies for instruction of various topics in the district schools. Board members represent personal interests as well as the interests of those constituents that elected the board members in non-partisan elections. Board members represent students and their parents/guardians at the local level.

Alternatives

There are three non-mutually exclusive alternatives to letting present trends continue, which CDPHE could pursue independently or in combination:

Alternative A: Work with sponsors in the General Assembly to introduce and support legislation requiring that sexual education be comprehensive as defined in CRS 22-1-128 when taught in Colorado schools.

Alternative B: Actively work with boards of education to encourage and support local decisions to adopt comprehensive sexual education policies.

Alternative C: Work closely with the staff of existing SBHCs to increase access to sexual and reproductive health services and education.

The alternatives encompass three different policy vehicles, namely the General Assembly, local boards of education, and SBHCs. Although CDPHE could pursue these alternatives in four distinct ways (i.e. A and B, A and C, B and C, A and B and C), the pursuit of a state-level bill while working to increase comprehensive sexual education from lower levels would undermine the perceived necessity of the bill and generate extremely high costs. Therefore, I will not consider Alternative A in combination with the other two alternatives at this time, instead only considering Alternative B combined with Alternative C.

I evaluate these alternatives according to four criteria.

i. What would this alternative cost the State of Colorado and its departments?
ii. What would this alternative cost local school districts?
iii. How administratively feasible is this alternative?
iv. What are the expected changes to long-term outcomes (i.e. teenage pregnancy rates, STI transmission among young people, and sexual violence)?

The cost estimates are relative to present trends. Because each alternative would be a multi-step process with a large number of variables, including the school districts that adopt policies for comprehensive sexual education, the schools that implement comprehensive sexual education, and the students enrolled in comprehensive sexual education, I do not attempt to quantify the costs or expected changes to unintended teenage pregnancy, STI transmission, or sexual violence.

Alternative A: Work with sponsors in the General Assembly to introduce and support legislation requiring that sexual education be comprehensive as defined in CRS 22-1-128 when taught in Colorado schools.

This alternative would require that CDPHE develop a bill to require that, when any school receiving public funding (i.e. in a public school district) teaches sexual education, the sexual education be comprehensive as defined in CRS 22-1-128. This alternative builds on CRS 22-1-128, which authorizes CDPHE to seek funding for comprehensive sexual education programs through the interagency Youth Sexual Health Team and references HB07-1298, which established science-based standards for human sexuality education in 2007 and has since been folded into other parts of the statute. CRS 22-1-128(9) delineates the exception to requiring comprehensive sexual education programs based on federal funding for abstinence education. This exception is not clearly defined and lacks an enforcement mechanism.

The primary change to the statute would be that a new policy would require that any sexual education be *comprehensive* as defined in CRS 22-1-128 and would develop a review and enforcement mechanism, thereby overcoming the almost purely symbolic nature of the existing statute. In effect, this bill would necessitate the adoption by each local board of education of an IHAM "Health and Family Life/Sex Education" policy or the equivalent and the approval to repeal IHAMB "Family Life/Sex Education" or other policies that implicitly or explicitly endorse or require abstinence-only sexual education.

Such a bill would not mandate a one-size-fits-all sexual health education program across Colorado school districts. Instead, the policy requires use of an approved program, such as those approved by Colorado Youth Matter, that addresses positive instruction about human sexuality, contraceptive methods, and healthy relationships. The bill would encourage schools

> ***Culturally sensitive*** *means the integration of knowledge about individuals and groups of people into specific standards, requirements, policies, practices, and attitudes used to increase the quality of services. This includes resources, references, and information that are meaningful to the experiences and need of communities of color, immigrant communities; lesbian, gay, bisexual, and transgender communities; people with physical or intellectual disabilities; people who have experienced sexual victimization; and others whose experiences have traditionally been left out of sexual health education, programs, and policies.*
>
> *CRS 22-1-128(2)(c)*

to shift sexual education from a heteronormative view of relationships to LGBTQ-inclusive programming, as clear in the definition of "culturally sensitive."

To implement this alternative, CDPHE would have to work closely with a state representative and a state senator, to introduce and sponsor the bill. Bi-partisan support would be ideal, but these sponsors probably would be Democrats given the party-line vote on HB13-1081 (now CRS 22-1-128) in 2013 (Colorado *House Journal*; Colorado *Senate Journal*). The CDPHE representative on the interagency Youth Sexual Health Team would need to reach out to the representatives for other agencies to solidify alliances with the Colorado Department of Education and the Colorado Department of Health and Human Services, which would be instrumental in adoption, implementation of the bill, and enforcement of the new policy.

CDPHE would need to seek support from and work with grassroots organizations. The best starting place would be with those organizations that provided representatives to testify in support of HB13-1081 (now CRS 22-1-128) in 2013, including Colorado Youth Matter, NARAL Pro-Choice Colorado, Planned Parenthood of the Rocky Mountains (PPRM), Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR), Colorado Coalition Against Domestic Violence, and the Colorado Coalition Against Sexual Assault.

Colorado currently does not have a review or enforcement mechanism for any sexual health education policy requirements, save CRS 22-25-106(4) pertaining to the exemption procedure and that is primarily a community-level enforcement tool based on community review and the ability to remove a student from the class on sexual education. To ensure that such a requirement in the bill be effective rather than merely symbolic, CDPHE and the Youth Sexual Health Team would need to include a review process and enforcement mechanism. CDPHE would need to work with the interagency Youth Sexual Health Team to develop an evaluation tool to determine qualifying programs and an enforcement mechanism to ensure that sexual education programs in schools comply with the requirement. School districts already must have a period of content review for health education and sexual health education and must advise parents/guardians of the exemption procedure (CRS 22-25-106(4)). This bill would establish a new requirement to submit any sexual education program curriculum and content for review by the interagency Youth Sexual Health Team one week prior to the parent/guardian advisement period. Designated members of the Youth Sexual Health Team would approve sexual education programs that meet the definition of comprehensive, scientifically-researched sexual education programs as defined in CRS 22-1-128

and request revisions to those programs that do not meet the standards. If not in compliance, a school would have to update the content or use a different program to meet the standards before providing sexual education instruction in the school. If a school were to choose not to comply with the requirement for comprehensive sexual education, it would not be permitted to include sexual education instruction in the school. While eliminating sexual education would be worse than abstinence education, allowing abstinence education would undermine the goal of the bill, and reducing or eliminating funding would be politically unattractive, as I discuss below.

The Youth Sexual Health Team would need to conduct random audits of sexual education in schools to ensure compliance. Because schools generally include sexual education as part of another course, such as biology or physical education, audits will not require as much time as a full class would, but such audits may be demanding given geographic distances of school districts from CDPHE in Denver as well as the sheer number of schools. CDPHE could contract with local organizations such as SBHCs or community-based health organizations to conduct the audits, but this would increase costs further. If in violation of the comprehensive sexual education requirement, individual schools would face punitive measures.

CDPHE does not monitor school funding or academic standards, so CDPHE would need to work closely with the CDE representative on the interagency Youth Sexual Health Team to establish a reasonable enforcement lever. The enforcement lever would need to be severe enough so that schools and boards of education do not consider it merely a fee to provide abstinence-only education in place of comprehensive education. Withholding school funding or arresting board or school officials would be in excess relative to the violation, so those enforcement levers would be ill-advised. Because individual schools select the sexual education programs, the enforcement lever could target school districts, which have supervisory control over the schools in their districts, or the schools themselves. A high fine on school boards could encourage board members to promote compliance from schools, but school boards do not have complete control over school decisions. A high fine on schools could deter non-compliance, or it could undermine other school operations where funding is already stretched thin. Public identification of non-compliance could be effective at encouraging compliance with comprehensive sexual education standards, or it could generate support from those opposed to comprehensive sexual education, effectively framing it as a rallying point to support non-comprehensive sexual education programming.

Benefits

This alternative could be effective in reducing the unintended pregnancy rate, STI transmission rate, and sexual and dating violence among teenagers in Colorado if local school boards adopt policies for comprehensive sexual education and if schools incorporate comprehensive sexual health education programming into courses.

Challenges

This alternative faces several challenges including the high costs and low administrative feasibility. First, the costs of developing a bill and going through the legislative process, including lobbying, would require extensive time and financial commitment. If the General Assembly did pass and the governor signed such a bill, this alternative would necessitate increased appropriations to finance the staff reviewing the sexual education materials and programming for all of the school districts and conducting random audits. The development and active use of an enforcement lever would also be costly. This alternative could increase the costs for schools to teach or modify sexual health education because there would be new requirement and a longer time necessary for external review and approval.

This alternative would not be administratively or politically feasible. CDPHE has few resources to commit to the reviews and audits necessary for effective implementation of a policy of this sort. This bill would be very similar to existing legislation, which could limit active interest in pursuing and supporting the bill by grassroots organizations and legislators. The political feasibility of this alternative would center around the party make-up of the two houses of the General Assembly, with the likelihood of passage decreasing significantly if Republicans control either or both houses, as seen in the HB13-1081 votes, where all support came from Democrats and all opposition, from Republicans (*House Journal*; *Senate Journal*). Local school boards might oppose such a bill because the bill would seem to infringe upon board autonomy.

Given that there is not an enforcement mechanism for existing sexual education requirements, it would be extremely challenging to develop an effective, practical, and respected enforcement lever for a more restrictive policy requirement. The lack of funding and personnel available to follow through with any prospective enforcement lever would limit the actual use of these levers and the consequent effectiveness of the policy itself.

Finally, one significant concern would be the possible decision of local boards of education and schools to drop any form of sexual education rather than implement comprehensive sexual

education programming. Up to 70 percent of public school districts have policies not conducive to comprehensive sexual education. If all of those school districts were to drop sexual education from their curricula, rates of unintended pregnancy, STI transmission, and sexual and dating violence among teenagers likely would increase. Abstinence-only education is worse for those outcomes compared to comprehensive sexual education, the literature does suggest that abstinence education is better than no sexual health education (Cannonier, 2011; Trenholm, Devaney, Fortson, Quay, Wheeler, & Clark, 2007; see the literature review for further discussion).

Alternative B: Actively work with boards of education to encourage and support local decisions to adopt comprehensive sexual education policies.

This alternative would entail using a middle-down approach to encourage and facilitate local adoption of policies conducive to comprehensive sexual education. CDPHE would provide information on sample instruction policies, such as those from CASB; curricula providers and educator trainers; reasons to adopt policies for comprehensive sexual education; and how the school districts might finance comprehensive sexual health programs, such as the grant program under the Youth Sexual Health Team.

The first step of this alternative would be to develop an information packet for local boards of education and community members with a summary of what comprehensive sexual education does and does not include, why CDPHE suggests the adoption of policies conducive to comprehensive sexual education, and how school districts can finance comprehensive sexual education programs. A CDPHE staff member would gather a small temporary project team of two to three people to develop the information packet through existing information, using resources available from Colorado Youth Matter and CASB. The information would need to be non-ideological, focusing instead on things such as healthy relationships and the increased confidence of students in comprehensive sexual education to turn down unwanted sexual advances and to engage in open conversations with trusted adults (Oman, Merritt, Fluhr, & Williams, 2015).

The staff of Colorado Youth Matter already have information about evidence-based comprehensive sexual education programs in the state, and CDPHE might be able to include that information or direct board members to the Colorado Youth Matter website. CDPHE would need to include an example of a policy conducive to comprehensive sexual education or direct local board members to another school district that already has a clear policy for comprehensive sexual education, such as Boulder Valley RE 2's IGAI "Human Sexuality" or Clear Creek RE-1's IHAM policy.

To better inform the type of policy conducive to comprehensive sexual education, CDPHE would need to reach out to CASB, which provides sample policies and updated legal references for member school boards. Given that I assume that the IHAM "Health and Family Life/Sex Education" policies based on the updated CASB sample are conducive to comprehensive sexual education, CDPHE would engage CASB leadership in conversations about the practical implications of the updated IHAM policies, including whether the policies are binding and whether

CASB actively recommends the updated policies to member school boards. CASB is a membership organization and may not want to share its sample policies freely, even though many of its member school boards make district policies available online. If this is the case, then CDPHE would need approval from CASB to include the sample policy or to make a public recommendation that school boards join CASB and adopt the updated policies.

CDPHE then would make the information packets publicly available, but send special notifications to members of public school boards. In school districts without policies for comprehensive sexual education, CDPHE would focus on the importance of comprehensive sexual education for students and the community in reducing unintended pregnancy, STI transmission, and sexual and dating violence among teenagers. For those districts with existing policies for comprehensive sexual education, CDPHE would emphasize the funding information as well as encourage the continued implementation and enforcement of such policies at the district level.

The information packet would direct interested board members or community members to a CDPHE representative, who would then engage with the interested parties in further exploring how to pursue policies for comprehensive sexual education and funding sources. A CDPHE staff member would maintain and update this information and reach out to local boards of education on a regular basis in efforts to develop a positive relationship with board members. If CDPHE were to become aware of school districts that seem likely to adopt policies for comprehensive sexual education via community members or other information sources, a CDPHE representative would reach out to those board of education members or prospective board members to generate interest in potentially adopting comprehensive sexual education.

Benefits

This alternative could increase the likelihood of local adoption of policies conducive to comprehensive sexual education, which consequently would decrease the negative long-term outcomes if schools implement comprehensive sexual education programs. This is a low-cost alternative for the state because most of the information already exists, and the distribution of the information packets would be primarily through the CDPHE website. Boards of education and schools might see higher costs due to the increase in time spent discussing sexual education policies during board meetings and the need for greater investment in financing comprehensive sexual health education programs.

This alternative is highly administratively feasible because the information is easily accessible as little to no cost, and the alternative allows CPDHE to facilitate voluntary district policy adoption rather than actively enforce and regulate a state-wide policy. Given the voluntary adoption of comprehensive sexual education policies, there may be more buy-in from the schools in the district and the constituents.

Challenges

Potential challenges of this alternative include the increased time dedicated to working with local boards of education and the limited funding currently available for comprehensive sexual education programs. Because CDPHE will need to assign a particular unit to the maintenance and updating of this information packet, most likely the unit with the representative on the interagency Youth Sexual Health Team, this will increase some operating costs and post opportunity costs as the designated employee may have to divert attention from other pressing issues. CDPHE will continue to apply for federal and other sources of funding for comprehensive sexual education programs, but the limited funding in the meantime may limit the rate of adoption of comprehensive sexual education policies and the implementation of comprehensive sexual education programs in schools themselves.

Boards of education in ideologically conservative districts are unlikely to adopt policies conducive to comprehensive sexual education and may oppose the increased attention and input from a state agency. Even if a board of education adopts a policy conducive to comprehensive sexual education such as the updated IHAM “Health and Family Life/Sex Education” policy from CASB, there is no guarantee that the schools will use comprehensive sexual education programs. There is no enforcement or follow-up mechanism, which could limit the practical application of district-level policy changes at the schools.

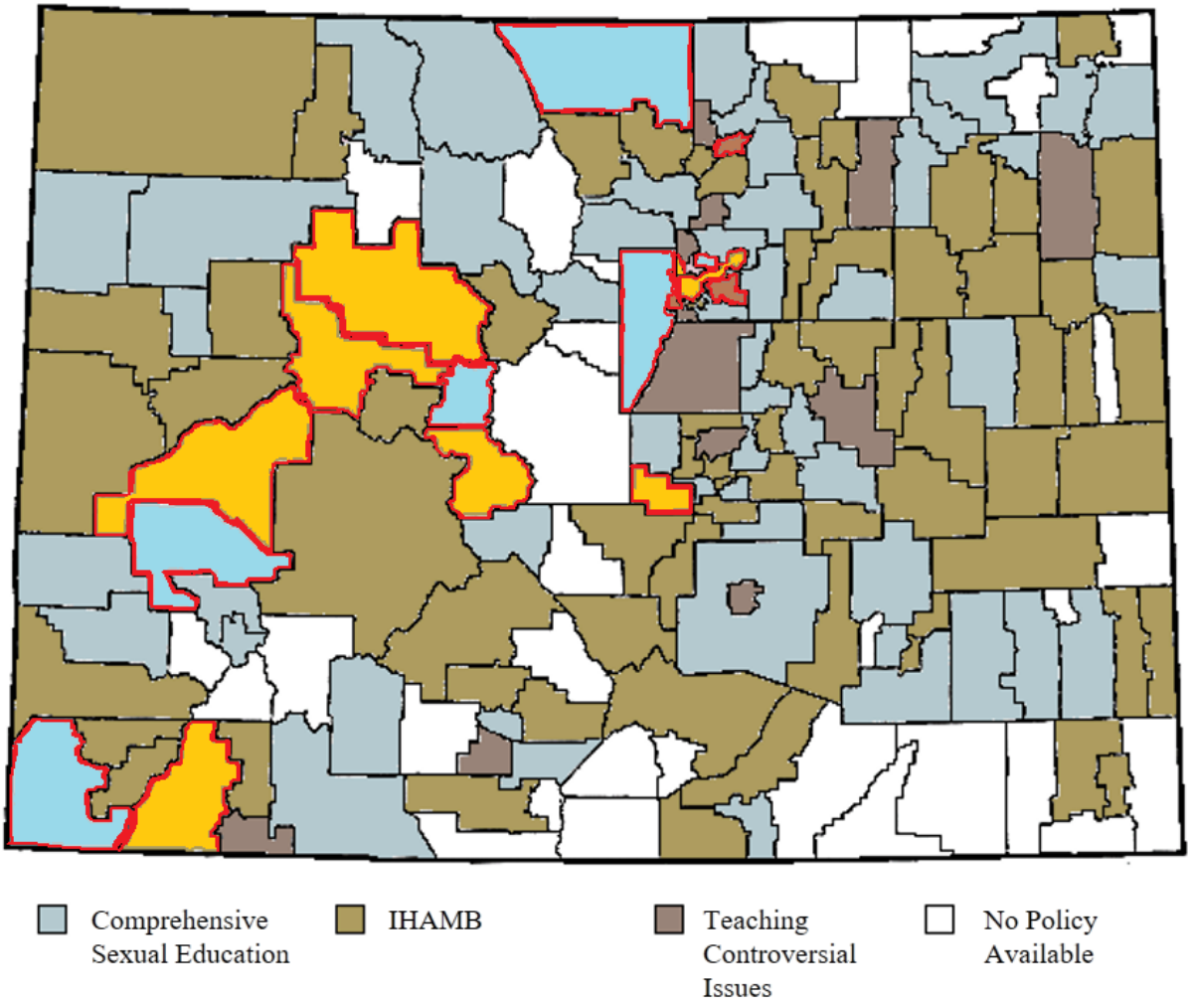
Alternative C: Work closely with the staff of existing SBHCs to increase access to sexual and reproductive health services and education.

This alternative would entail working through SBHCs that receive CDPHE funding to expand and support sexual and reproductive health services and sexual education, particularly in those districts with SBHCs but without policies conducive to sexual health education. CDPHE would work with the 49 SBHC sites that receive state funding through CDPHE's SBHC Grant Program (CRS 25-20.5-(501-503)) and offer reproductive health education. The 17 districts represent 9.6 percent of the 178 public school districts, but 36.1 percent of all students enrolled in Colorado public schools in 2015-2016 (CDE, 2016). All 17 districts with an SBHC offering reproductive health education have at least one site open to a population beyond that of the students enrolled in the host school, meaning that SBHCs would be a useful tool in reaching Colorado youth with comprehensive sexual education in those districts.

As previously mentioned, 19 SBHC sites in nine districts are open to all students enrolled in the district, and 11 SBHC sites in seven districts are open to siblings of enrolled students as well. Three SBHC sites in three districts are open to all children in Delta, La Plata, and Montrose counties. Five SBHC sites in three districts are open to all children from birth to 18 or 21 years old. Of the 17 districts with SBHCs offering reproductive health education and receiving funding from CDPHE's SBHC Grant Program, six have IHAM "Health and Family Life/Sex Education" policies, eight have IHAMB "Family Life/Sex Education" policies, and three districts have only IMB "Teaching About Controversial/Sensitive Issues" policies on teaching controversial issues (refer to Figure 2).

The CDPHE staff members managing the SBHC Grant Program would work with the SBHCs receiving state funding to encourage greater integration of comprehensive sexual education in the classroom in host and district schools as well as at the SBHC site. The first step to implement this alternative would be to reach out to the staff of the SBHCs that indicated offering reproductive health education on the most recent SBHC Grant Program request for applications to determine what reproductive education entails at each site, such as if staff are guest lecturing in classes at the host schools, making pamphlets available, offering one-on-one information or counseling to students seeking reproductive health consultations, or any other means of providing reproductive health education.

***Figure 2**: SBHCs in Colorado School Districts*



***Note**: Highlighted districts have at least one SBHC site.*

The staff of different SBHCs are responsible to different contract agencies, meaning that there is no single entity that controls SBHC operations. CDPHE staff would benefit from reaching out to the Colorado Association of School-Based Health Care (CASBHC), which "supports existing and emerging school-based health centers through policy development and advocacy, training and technical assistance, and quality improvement projects" (CASBHC, 2012). CASBHC favors the provision of comprehensive reproductive and sexual health services and sexual health education by SBHCs (Callanan, 2015). CASBHC staff have provided strategies to address community opposition to sexual and reproductive health services and education in SBHCs (p. 4).

The staff at CDPHE managing the SBHC Grant Program would encourage SBHC staff to reach out to local board of education members and the administrative staff at district schools to offer SBHC staff services as qualified guest instructors for sexual education. CDPHE-funded

SBHCs can draw upon the CASBHC strategies in collaboration with CASBHC and CDPHE to promote comprehensive sexual education and services.

For those SBHCs in districts without policies conducive to comprehensive sexual education and where local school boards and communities are interested in neither changing the sexual education policies nor allowing comprehensive sexual education in local schools, CDPHE would encourage SBHC staff to advertise SBHC resources and services clearly within the district to eligible students and children and their parents. Kågesten, Parekh, Tunçalp, Turke, and Blum, through a systematic literature review, concluded that the most successful comprehensive adolescent health programs, in terms of short-term and medium term outcomes, were those that combine sexual and reproductive health services with educational and social support mechanisms to positively influence reproductive and sexual health (2014).

Even if an SBHC cannot provide comprehensive sexual education in the classroom, the literature suggests that increased access to reproductive health services has positive long-term impacts on young and low-income women in particular (Hall, Moreau, & Trussell, 2012. Forty-six of the 49 SBHCs with reproductive health education also offer reproductive health exams on-site, and the remaining three offer referrals (CDPHE SBHC Grant Program Data, 2016).

Benefits

Working with SBHCs would be an excellent use of local actors and existing services, limiting the costs to state and local actors, while also potentially increasing the use of available reproductive health services at SBHCs and decreasing the negative long-term outcomes. The 17 districts with SBHCs have more than one third of all public school students in Colorado (CDE, 2016). Though not all students are necessarily eligible for SBHC services, CDPHE would be able to leverage existing resources.

Research shows that access to a combination of reproductive health services and sexual education is a key factor in reproductive health and pregnancy and STI prevention (Kågesten, Parekh, Tunçalp, Turke, & Blum, 2014). This alternative is administratively feasible because the alternative would not necessitate or require policy changes, though it would require increased interaction and collaboration with SBHC staff.

Challenges

This alternative could have limited geographic impacts given that less than 10 percent of school districts have SBHCs offering reproductive health education. SBHC organizational structures differ by site and contract agency, meaning that some report to the school district, some to private organizations, and some to a combination, which means that the process might differ in working with each SBHC site and staff. Adapting the process of reaching out to each of the 15 SBHC contract agencies for the 49 SBHCs might increase the administrative challenges. There could be opportunity costs as SBHCs increase attention and resources to reproduction health in place of other services, but the intention is to target those SBHCs already providing reproductive health education and services, so the opportunity costs should be minimal.

Local boards of education might oppose this alternative because it might seem to undermine board authority in the district, particularly in those districts with ideologically conservative constituents and opposition to comprehensive sexual education in schools. If the SBHCs oppose comprehensive sexual education, there is the chance that those SBHCs would stop requesting funding from CDPHE's SBHC Grant Program, which could limit future reproductive health services, though this has not been clearly identified in practice thus far.[1]

[1] Updated May 19, 2016: In the original version, I mistakenly identified a causal relationship between an SBHC not applying for CDPHE funding and the offering of reproductive health services. This is not the case, as that SBHC identified having become sustainable independent of CDPHE funds, regardless of reproductive health services. My thanks for the clarification from the CDPHE SBHC Program Coordinator.

Combination of Alternatives B+C: Encourage local school boards to adopt policies conducive to comprehensive sexual education, while working with SBHC staff to support comprehensive sexual education in their districts.

Note: As mentioned earlier, pursuing the bill proposed in Alternative A in combination with the mid-level interventions in Alternatives B and/or C would undermine the political feasibility of passing a bill while also generating very high costs. Though it would be possible to combine a bill with the other alternatives, I do not suggest doing so at this time due to internal and external constraints. For this reason, I only consider the combination of Alternatives B and C here.

This alternative effectively would combine Alternatives B and C. The preceding sections offer descriptions and implementation plans for each subpart of this alternative. Because those components and the benefits and challenges would not differ for this combined alternative, here I focus on the unique benefits and challenges of the combined alternative. For more detailed information, refer to the independent descriptions of Alternatives B and C, above.

Benefits

Combining Alternatives B and C would increase the potential impact of efforts to increase comprehensive sexual education. The cost of this combination would not sum to the combined costs of each alternative independently because one team would be able to work together on the projects.

Challenges

This combination of alternatives would generate higher costs and clerical work than either alternative independently.

Outcomes Matrix

Table 3 *Evaluative Criteria for Alternatives*

	Cost to State	Cost to School Districts	Administrative Feasibility	Expected Long-term Outcomes
Present Trends	**n/a**	**n/a**	***Very high.*** Continues with current trends and practices.	Continue in current trends.
A	***Very high***	***Very high***	***Very low***. Perceived infringement of school board autonomy; similar to existing statute; highly controversial enforcement mechanisms.	Slight setback in reaching long-term outcomes relative to present trends, particularly if some districts choose to exclude sex education.
B	***Low to medium***	***Medium***	***Medium.*** Increased clerical work for CDPHE; requires follow-through by school districts and boards.	Potential increase in comprehensive sex education policies; improvement in relevant outcomes if adopted; continue present trends where not adopted, which could amplify disparities between districts and/or regions.
C	***Low***	***Low to medium***	***High***. Voluntary participation; uses existing services.	Improvement for students with access to SBHCs offering reproductive health services; 17 districts have SBHCs serving all children under 18 or 21.
B+C	***Medium***	***Medium***	***Medium.*** Increased clerical work; facilitates optional adoption meaning no enforcement; uses existing mechanisms.	Greatest chance of comprehensive sex education policy adoption compared to present trends; SBHCs in 17 school districts serving 36 percent of Colorado public school students.

Recommendation: Combination of Alternatives B and C

Based on the preceding analysis, I recommend that CDPHE pursue a combination of Alternatives B and C, therein bypassing the state legislature in favor of encouraging and facilitating local policy changes to increase comprehensive sexual education in Colorado public school districts. Given that CPDHE already has teams working on the Comprehensive Sexuality Education Grant Program and the SBHC Grant Program, there are existing resources that CDPHE can leverage, reducing the costs associated with these alternatives independently or in combination. By combining these alternatives, there is a greater chance of increasing policies for comprehensive sexual education in Colorado school districts and teaching comprehensive sexual education in Colorado public schools.

Next Steps

Moving forward, a representative from CDPHE should pursue follow-up interviews and connections with three groups. First, CDPHE should reach out to leadership at Colorado Youth Matter to discuss working together to develop an information packet for local boards of education and their constituents. Colorado Youth Matter has information on comprehensive sexual education programs and providers in Colorado, and CDPHE should ask permission to use this information or to direct school board members to Colorado Youth Matter for information.

Next CDPHE should reach out to the 15 SBHC contract agencies that indicated offering reproductive health education to determine what this entails. CDPHE should find out if SBHC staff are teaching sexual education in schools or if the education occurs at the SBHC site. CDPHE should ask about the content and type of the reproductive education to see if it falls within the definition of comprehensive sexual education. If certain programs do not offer comprehensive sexual education, CDPHE should ask why the reproductive health education is not comprehensive and whether the SHBC staff would consider using comprehensive sexual education programming.

Finally, CDPHE should maintain and regularly update an internal database on the sexual education policies in Colorado school districts, as shown in Appendix B. As CDPHE continues to apply to federal grants for comprehensive sexual education, understanding and reviewing the pertinent policies is important to future data analysis on unintended pregnancy, STI transmission, and sexual and dating violence among teenagers in Colorado.

Word Count: 9685

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Appendix A: Glossary

Abstinence-only education—Sexual education that stresses abstinence and follows Guidelines A-H of Title V of the 1996 Social Security Act; may cover birth control, but primarily in terms of failure rates; generally focused on heterosexual relationships and marriage.

Age-appropriate—Topics, messages, and teaching methods suitable to a particular age or age group, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group (CRS 22-1-128(2)(a))

Comprehensive human sexuality education—Medically accurate information about all methods to prevent unintended pregnancy and sexually transmitted diseases and infections, including HIV and AIDS, and the link between the human papillomavirus and cancer, and other types of cancer involving the reproductive systems, including but not limited to prostate, testicular, ovarian, and uterine cancer. Methods must include information about the correct and consistent use of abstinence, contraception, condoms, and other barrier methods. Additional contents of comprehensive human sexuality education must include:

(i) Encouraging family communication about sexuality;
(ii) Focusing on the development of safe relationships, including the prevention of sexual violence in dating and teaching young people how to recognize and respond safely and effectively in situations where sexual or physical violence may be occurring or where there may be a risk for these behaviors to occur; and
(iii) Teaching young people how alcohol and drug use can affect responsible decision-making. (CRS 22-1-128(2)(b))

Culturally sensitive—The integration of knowledge about individuals and groups of people into specific standards, requirements, policies, practices, and attitudes used to increase the quality of services. This includes resources, references, and information that are meaningful to the experiences and needs of communities of color; immigrant communities; lesbian, gay, bisexual, and transgender communities; people with physical or intellectual disabilities; people who have experiences sexual victimization; and others whose experiences have traditionally been left out of sexual health education, programs, and policies. (CRS 22-1-128(2)(c))

Evidence-based program—A program that:

(i) Was evaluated using a rigorous research design, including:
    a. Measuring knowledge, attitude, and behavior;
    b. Having an adequate sample size;
    c. Using sound research methods and processes;
    d. Replicating in different locations and finding similar evaluation results; and
    e. Publishing results in a peer-reviewed journal;
(ii) Research has shown to be effective in changing at least one of the following behaviors that contribute to early pregnancy and sexually transmitted infections, including HIV:
    a. Delaying sexual initiation;

b. Reducing the frequency of sexual intercourse;
c. Reducing the number of sexual partners; or
d. Increasing the use of condoms and other contraceptives. (CRS 22-1-128(2)(d))

Positive youth development—An approach that emphasizes the many positive attributes of young people and focuses on developing inherent strengths and assets to promote health. Positive youth development is culturally sensitive, inclusive of all youth, collaborative, and strength-based. (CRS 22-1-128(2)(e))

School-based health center—A clinic established and operated within a public school building, including charter schools and state sanctioned GED programs associated with a school district, or on public school property by the school district. School-based health centers are operated by school districts in cooperation with hospitals, public or private health care organizations, licensed medical providers, public health nurses, community health centers, and community mental health centers. The term "school-based health center" includes clinics or facilities authorized to provide clinic services under 26-4-513, CRS, or authorized to apply for and receive medical assistance payments under a contract entered into pursuant to section 26-4-531, CRS (CRS 25-20.5-503)

Sexual abstinence—Not engaging in oral, vaginal, or anal intercourse or genital skin-to-skin contact. (CRS 22-1-128(2)(f))

Sexual violence—A sexual act that is committed or attempted by another person without freely given consent of the victim or against someone who is unable to consent or refuse. It includes: forced or alcohol/drug facilitated penetration of a victim; forced or alcohol/drug facilitated incidents in which the victim was made to penetrate a perpetrator or someone else; nonphysically pressured unwanted penetration; intentional sexual touching; or non-contact acts of a sexual nature. Sexual violence can also occur when a perpetrator forces or coerces a victim to engage in sexual acts with a third party. (Basile, Smith, Breiding, Black, & Mahendra, 2014)

Unintended pregnancy—A pregnancy that is mistimed or unwanted.

Appendix B: School District Board Policies

I looked up the school policies on each district website. For those districts with policies that were unavailable, I sent an email to or called a member of the board of education. Most policies were under the Instructional section of the Board Policy document. For most of the districts with the most recent date listed as "unknown," I found a reference to the IHAM or IHAMB document in the Wellness Policy. Region refers to the CDPHE statistical region for the Healthy Kids Colorado Survey.

Key: 0 = No; 1 = Yes; "." = missing

District	Region	Region/County	No.	SBHC with Sex Ed	Last Revised or Updated	Assumed CSE	IHAM	IHAMB	Other	If other, what?
Academy 20	4	El Paso County	1040	0	12/9/2004	0	0	0	1	INB Teaching About Controversial Issues
Adams 12 Five Star Schools	14	Adams County	0020	0	10/6/2011	0	0	0	1	6220 Controversial Issues
Adams County 14	14	Adams County	0030	1	9/22/2015	1	1	0	0	.
Adams-Arapahoe 28J (Aurora Public Schools)	15	Arapahoe County	0180	1	10/1/2012	0	0	0	1	IMB Teaching About Controversial/Sensitive Issues
Agate 300	5	Eastern Corridor	0960	0	1/25/2001	0	0	1	0	.
Aguilar Reorganized 6	6	Southeast	1620	0	7/21/2009	0	0	1	0	.
Akron R-1	1	Northeast	3030	0	2/12/2008	0	0	1	0	.
Alamosa RE-11J	8	San Luis Valley	0100	0	9/2/2014	1	1	0	0	.
Archuleta County 50 JT	9	Southwest	0220	0	1/13/2015	1	1	0	0	.
Arickaree R-2	1	Northeast	3040	0	8/21/2003	0	0	1	0	.
Arriba-Flagler C-20	5	Eastern Corridor	1450	0	9/25/2014	1	1	0	0	.
Aspen 1	12	Western Corridor	2640	0	12/1/2013	0	0	1	0	.
Ault-Highland RE-9 (Weld Re-9)	18	Weld County	3145	0	6/23/2015	1	1	0	0	.

District	Region	Region/County	No.	SBHC with Sex Ed	Last Revised or Updated	Assumed CSE	IHAM	IHAMB	Other	If other, what?
Bayfield 10 JT-R	9	Southwest	1530	0	3/26/2010	0	0	1	0	.
Bennett 29J	14	Adams County	0050	0	3/19/2015	1	1	0	0	.
Bethune R-5	5	Eastern Corridor	1490	0	.	.	.	.	.	.
Big Sandy 100J	5	Eastern Corridor	0940	0	7/17/2014	0	0	0	1	IMB Teaching About Controversial Issues and Use of Controversial Materials
Boulder Valley RE 2	16	Boulder County	0480	0	4/13/2010	1	0	0	1	IGAI Human Sexuality
Branson Reorganized 82	6	Southeast	1750	0	.	.	.	.	.	.
Briggsdale RE-10 (Weld Country SD RE-10J)	18	Weld County	3146	0	7/24/2007	0	0	1	0	.
Brush RE-2(J)	1	Northeast	2395	0	2/3/2015	1	1	0	0	.
Buena Vista R-31	13	South	0490	0	6/1/2007	0	0	1	0	.
Buffalo RE-4	1	Northeast	1860	0	6/19/2014	1	1	0	0	.
Burlington RE-6J	5	Eastern Corridor	1500	0	1/17/2005	0	0	1	0	.
Byers 32J	14	Adams County	0190	0	1/17/2008	0	0	1	0	.
Calhan RJ-1	4	El Paso County	0970	0	8/19/2014	1	1	0	0	.
Campo RE-6	6	Southeast	0270	0	.	.	.	.	.	.
Canon City RE-1	13	South	1140	0	9/22/2003	0	0	1	0	.
Centennial R-1	8	San Luis Valley	0640	0	.	.	.	.	.	.
Center 26 JT	8	San Luis Valley	2810	0	3/8/2001	0	0	1	0	.
Cheraw 31	6	Southeast	2560	0	5/1/2010	0	0	1	0	.
Cherry Creek 5	15	Arapahoe County	0130	0	11/8/2004	1	1	0	0	.
Cheyenne County RE-5	5	Eastern Corridor	0520	0	8/27/2013	0	0	1	0	.
Cheyenne Mountain 12	4	El Paso County	1020	0	6/1/2015	1	1	0	0	.
Clear Creek RE-1	17	Central	0540	0	12/23/2008	1	1	0	0	.

District	Region	Region/County	No.	SBHC with Sex Ed	Last Revised or Updated	Assumed CSE	IHAM	IHAMB	Other	If other, what?
Colorado Springs 11	4	El Paso County	1010	0	2/11/2015	0	1	0	0	.
Cotopaxi RE-3	13	South	1160	0	.	.	.	.	.	.
Creede School District	8	San Luis Valley	2010	0	8/16/2014	1	1	0	0	.
Cripple Creek-Victor RE-1	17	Central	3010	1	10/1/2001	0	0	1	0	.
Crowley County RE-1-J	6	Southeast	0770	0	7/23/2014	1	1	0	0	.
Custer County School District C-1	13	South	0860	0	11/11/1999	0	0	1	0	.
De Beque 49JT	12	Western Corridor	1980	0	unknown	0	0	1	0	.
Deer Trail 26J	15	Arapahoe County	0170	0	7/2/2014	1	1	0	0	.
Del Norte C-7	8	San Luis Valley	2730	0	.	.	.	.	.	.
Delta County 50(J)	10	West Central	0870	1	9/19/2013	0	0	1	0	.
Denver County 1	20	Denver County	0880	1	9/1/1970	0	0	1	0	.
Dolores County RE No. 2	9	Southwest	0890	0	10/2/2013	0	0	1	0	.
Dolores RE-4a	9	Southwest	2055	0	4/14/2016	0	0	1	0	.
Douglas County RE 1	3	Douglas County	0900	0	4/4/2000	0	0	0	1	IJA-R Selection of Controversial Learning Resources
Durango 9-R	9	Southwest	1520	1	unknown	0	0	1	0	.
Eads RE-1	6	Southeast	1430	0	6/25/2005	0	0	1	0	.
Eagle County RE 50	12	Western Corridor	0910	1	7/1/2004	0	0	1	0	.
East Grand 2	12	Western Corridor	1350	0	.	.	.	.	.	.
East Otero R-1	6	Southeast	2520	0	1/12/2015	1	1	0	0	.
Eaton RE-2	18	Weld County	3085	0	11/1/2008	1	1	0	0	.

District	Region	Region/County	No.	SBHC with Sex Ed	Last Revised or Updated	Assumed CSE	IHAM	IHAMB	Other	If other, what?
Edison 54 JT	4	El Paso County	1120	0	4/16/2008	0	0	1	0	.
Elbert 200	5	Eastern Corridor	0950	0	5/26/2015	1	1	0	0	.
Elizabeth C-1	5	Eastern Corridor	0920	0	11/10/2014	1	1	0	0	.
Ellicott 22	4	El Paso County	1050	0	8/15/2001	0	0	1	0	.
Englewood 1	15	Arapahoe County	0120	0	8/6/2013	0	0	1	0	.
Falcon 49	4	El Paso County	1110	0	7/10/2014	1	1	0	0	.
Fort Morgan RE-3	1	Northeast	2405	0	5/1/1996	0	0	0	1	IMB Teaching About Controversial/Sensitive Issues
Fountain 8	4	El Paso County	1000	0	10/26/2011	0	0	1	0	.
Fowler R-4J	7	Pueblo County	2540	0	8/20/2012	0	0	1	0	.
Fremont RE-2	13	South	1150	0	2014	0	0	1	0	.
Frenchman RE-3	1	Northeast	1850	0	.	.	.	.	.	.
Garfield 16	12	Western Corridor	1220	0	2/17/2015	1	1	0	0	.
Garfield RE-2	12	Western Corridor	1195	0	8/28/2007	0	0	1	0	.
Genoa-Hugo C113	5	Eastern Corridor	1780	0	10/21/2013	0	0	1	0	.
Gilpin County RE-1	17	Central	1330	0	.	.	.	.	.	.
Granada RE-1	6	Southeast	2650	0	7/1/2007	0	0	1	0	.
Greeley 6 (Weld County SD 6)	18	Weld County	3120	1	3/28/2011	0	0	0	1	IMB Teaching About Controversial/Sensitive Issues
Gunnison Watershed RE1J	10	West Central	1360	0	4/26/2010	0	0	1	0	.
Hanover 28	4	El Paso County	1070	0	7/16/2014	1	1	0	0	.
Harrison 2	4	El Paso County	0980	0	11/15/2012	0	0	1	0	.
Haxtun RE-2J	1	Northeast	2630	0	2/16/2016	1	1	0	0	.
Hayden RE-1	11	Northwest	1380	0	10/15/2014	0	0	1	0	.
Hinsdale County RE 1	10	West Central	1380	0	.	.	.	.	.	.

District	Region	Region/County	No.	SBHC with Sex Ed	Last Revised or Updated	Assumed CSE	IHAM	IHAMB	Other	If other, what?
Hi-Plains R-23	5	Eastern Corridor	1460	0	unknown	0	0	1	0	.
Hoehne Reorganized 3	6	Southeast	1600	0	.	.	.	.	.	.
Holly RE-3	6	Southeast	2670	0	unknown	0	0	1	0	.
Holyoke RE-1J	1	Northeast	2620	0	12/18/2014	1	1	0	0	.
Huerfano RE-1	6	Southeast	1390	0	unknown	0	0	1	0	.
Idalia RJ-3	1	Northeast	3220	0	8/1/2014	1	1	0	0	.
Ignacio 11 JT	9	Southwest	1540	0	8/14/2014	0	0	0	1	IMB Teaching About Controversial Issues
Jefferson County R-1	21	Jefferson County	1420	1	12/9/2013	1	1	0	0	.
Johnstown-Milliken RE-5J	18	Weld County	3110	0	7/27/1998	0	0	1	0	.
Julesburg RE-1	1	Northeast	2862	0	.	.	.	.	.	.
Karval RE-23	5	Eastern Corridor	1810	0	7/16/2013	0	0	1	0	.
Kim Reorganized 88	6	Southeast	1870	0	.	.	.	.	.	.
Kiowa C-2	5	Eastern Corridor	0930	0	6/16/2004	0	0	1	0	.
Kit Carson R-1	5	Eastern Corridor	0510	0	2/1/2001	0	0	1	0	.
La Veta RE-2	6	Southeast	1400	0	.	.	.	.	.	.
Lake County R-1	13	South	1510	1	5/1/2014	1	1	0	0	.
Lamar RE-2	6	Southeast	2660	0	12/8/2014	1	1	0	0	.
Las Animas RE-1	6	Southeast	0290	0	8/18/2014	1	1	0	0	.
Lewis-Palmer 38	4	El Paso County	1080	0	3/16/2009	0	0	1	0	.
Liberty J-4	1	Northeast	3230	0	unknown	0	0	1	0	.
Limon RE-4J	5	Eastern Corridor	1790	0	unknown	0	0	1	0	.
Littleton 6	15	Arapahoe County	0140	0	7/2/1984	0	0	0	1	INB Teaching About Controversial Issues
Lone Star 101	1	Northeast	3060	0	8/19/2014	1	1	0	0	.
Mancos RE-6	9	Southwest	2070	0	6/23/2010	0	0	1	0	.
Manitou Springs 14	4	El Paso County	1030	0	1/24/2011	0	0	1	0	.

District	Region	Region/County	No.	SBHC with Sex Ed	Last Revised or Updated	Assumed CSE	IHAM	IHAMB	Other	If other, what?
Manzanola 3J	6	Southeast	2535	0	.	.	.	.	.	.
Mapleton 1	14	Adams County	0010	0	.	.	.	.	.	.
Mc Clave RE-2	6	Southeast	0310	0	7/14/2014	1	1	0	0	.
Meeker RE1	11	Northwest	2710	0	7/11/2014	1	1	0	0	.
Mesa County Valley 51	19	Mesa County	2000	0	7/18/2001	0	0	1	0	.
Miami/Yoder 60 JT	4	El Paso County	1130	0	12/1/2014	1	1	0	0	.
Moffat 2	8	San Luis Valley	2800	0	.	.	.	.	.	.
Moffat County RE:No 1	11	Northwest	2020	0	4/25/2013	0	0	1	0	.
Monte Vista C-8	8	San Luis Valley	2740	0	7/22/2014	0	0	0	1	IMB Teaching About Controversial Issues and Use of Controversial Materials
Montezuma-Cortez RE-1	9	Southwest	2035	1	11/11/2014	1	1	0	0	.
Montrose County RE-1J	10	West Central	2180	1	10/1/2015	1	1	0	0	.
Mountain Valley RE 1	8	San Luis Valley	2790	0	10/1/2000	0	0	1	0	.
North Conejos Re-1J	8	San Luis Valley	0550	0	2/1/2009	0	0	1	0	.
North Park R-1	11	Northwest	1410	0	8/1/2014	1	1	0	0	.
Norwood R-2J	10	West Central	2840	0	8/1/2014	1	1	0	0	.
Otis R-3	1	Northeast	3050	0	12/17/2007	0	0	1	0	.
Ouray R-1	10	West Central	2580	0	10/25/2015	1	1	0	0	.
Park (Estes Park) R-3	2	Larimer County	1570	0	unknown	0	0	1	0	.
Park County RE-2	17	Central	2610	0	.	.	.	.	.	.
Pawnee RE-12	18	Weld County	3148	0	.	.	.	.	.	.
Peyton 23 JT	4	El Paso County	1060	0	4/1/2012	0	0	1	0	.
Plainview RE-2	6	Southeast	1440	0	.	.	.	.	.	.

District	Region	Region/County	No.	SBHC with Sex Ed	Last Revised or Updated	Assumed CSE	IHAM	IHAMB	Other	If other, what?
Plateau RE-5	1	Northeast	1870	0	.	.	.	.	.	.
Plateau Valley 50	19	Mesa County	1990	0	unknown	0	0	1	0	.
Platte Canyon 1	17	Central	2600	0	.	.	.	.	.	.
Platte Valley RE-7	18	Weld County	3130	0	8/18/2014	1	1	0	0	.
Poudre R-1	2	Larimer County	1550	1	8/1/2011	1	1	0	0	.
Prairie RE-11	18	Weld County	3147	0	.	.	.	.	.	.
Primero Reorganized 2	6	Southeast	1590	0	4/1/2003	0	0	1	0	.
Pritchett RE-3	6	Southeast	0240	0	.	.	.	.	.	.
Pueblo City 60	7	Pueblo County	2690	0	2/24/2015	0	0	0	1	IMB Teaching About Controversial Issues and Use of Controversial Materials
Pueblo County 70	7	Pueblo County	2700	0	11/18/2014	1	1	0	0	.
Rangely RE-4	11	Northwest	2720	0	2/15/2016	1	1	0	0	.
Revere School District	1	Northeast	2865	0	unknown	0	0	1	0	.
Ridgway R-2	10	West Central	2590	0	4/28/2015	1	1	0	0	.
Roaring Fork RE-1	12	Western Corridor	1180	1	unknown	0	0	1	0	.
Rocky Ford R-2	6	Southeast	2530	0	11/4/2014	1	1	0	0	.
Salida R-32	13	South	0500	0	8/12/2014	1	1	0	0	.
Sanford 6J	8	San Luis Valley	0560	0	.	.	.	.	.	.
Sangre de Cristo RE-22J	8	San Luis Valley	0110	0	3/12/2013	0	0	1	0	.
Sargent RE-33J	8	San Luis Valley	2750	0	3/30/2015	1	1	0	0	.
School District 27J	14	Adams County	0040	0	2/10/2014	1	1	0	0	.
Sheridan 2	15	Arapahoe County	0123	1	4/10/2012	0	0	0	1	IMB Teaching about Controversial Issues
Sierra Grande R-30	8	San Luis Valley	0740	0	.	.	.	.	.	.
Silverton 1	9	Southwest	2820	0	.	.	.	.	.	.

District	Region	Region/County	No.	SBHC with Sex Ed	Last Revised or Updated	Assumed CSE	IHAM	IHAMB	Other	If other, what?
South Conejos RE-10	8	San Luis Valley	0580	0	.	.	.	.	.	.
South Routt RE 3	11	Northwest	2780	0	.	.	.	.	.	.
Springfield RE-4	6	Southeast	0250	0	unknown	0	0	1	0	.
St Vrain Valley RE 1J	16	Boulder County	0470	0	10/28/2015	1	1	0	0	.
Steamboat Springs RE-2	11	Northwest	2770	0	5/25/2011	1	0	0	1	I-5 Health/Physical and Family Life/Sex Education
Strasburg 31J	14	Adams County	0060	0	unknown	0	0	1	0	.
Stratton R-4	5	Eastern Corridor	1480	0	3/25/2014	0	0	1	0	.
Summit RE-1	12	Western Corridor	3000	1	3/25/2014	0	0	1	0	.
Swink 33	6	Southeast	2570	0	10/12/2010	0	0	1	0	.
Telluride R-1	10	West Central	2830	0	.	.	.	.	.	.
Thompson R-2J	2	Larimer County	1560	0	10/21/2009	0	0	1	0	.
Trinidad 1	6	Southeast	1580	0	12/1/2005	1	1	0	0	.
Valley RE-1	1	Northeast	1828	0	9/7/2004	1	1	0	0	.
Vilas RE-5	6	Southeast	0260	0	3/2/2004	0	0	1	0	.
Walsh RE-1	6	Southeast	0230	0	.	.	.	.	.	.
Weld County RE-1	18	Weld County	3080	0	11/14/2007	0	0	1	0	.
Weld County S/D RE-8	18	Weld County	3140	0	8/25/1997	0	0	0	1	IMB Teaching About Controversial/Sensitive Issues
Weld County School District RE-3J	18	Weld County	3090	0	11/12/2014	1	1	0	0	.
Weldon Valley RE-20(J)	1	Northeast	2505	0	4/18/2006	0	0	1	0	.
West End RE-2	10	West Central	2190	0	9/16/2014	1	1	0	0	.
West Grand 1-JT	12	Western Corridor	1340	0	9/9/2014	1	1	0	0	.

District	Region	Region/County	No.	SBHC with Sex Ed	Last Revised or Updated	Assumed CSE	IHAM	IHAMB	Other	If other, what?
Westminster 50 (formerly Adams 50)	14	Adams County	0070	1	3/12/2013	0	0	1	0	.
Widefield 3	4	El Paso County	0990	0	7/1/2014	1	1	0	0	.
Wiggins RE-50(J)	1	Northeast	2515	0	3/5/2008	0	0	1	0	.
Wiley RE-13 JT	6	Southeast	2680	0	.	.	.	.	.	.
Windsor RE-4	18	Weld County	3100	0	10/1/2008	0	0	0	1	IMB Teaching About Controversial/Sensitive Issues
Woodland Park RE-2	17	Central	3020	0	7/1/2014	1	1	0	0	.
Woodlin R-104	1	Northeast	3070	0	10/1/2000	0	0	1	0	.
Wray RD-2	1	Northeast	3210	0	4/28/2014	0	0	1	0	.
Yuma 1	1	Northeast	3200	0	4/11/2005	0	0	0	1	IMB Using Controversial Teaching Materials