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January 20, 2011

The Honorable Kathleen Sebelius
Secretary
United States Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: *Strategic Plan for Federal Youth Policy*

Dear Secretary Sebelius:

The National Coalition to Support Sexuality Education (NCSSE), a partnership of over 150 national non-profit organizations committed to medically accurate, age-appropriate comprehensive sexuality education for all children and youth in the United States, is pleased to have the opportunity to submit comments responding to the Department of Health and Human Service's request for input on the Strategic Plan for Federal Youth Policy (Strategic Plan). NCSSE applauds the Interagency Working Group on Youth Programs for requesting public contributions and for its efforts to achieve positive, healthy outcomes for youth.

Members of NCSSE represent a broad constituency of education advocates and professionals, health care professionals, religious leaders, child and health advocates, and policy organizations. The undersigned organizations believe that comprehensive sexuality education is fundamental to each of the three overarching outcomes outlined in the framework: "(1) basic needs: health, safety, and wellness; (2) school, family, and community engagement and connections; and (3) education, training, employment, transitions, and readiness for careers and adulthood." With this in mind, the following outlines what youth need to be successful; what programs really make a difference in the lives of youth and what evidence supports this; what current barrier exist to improving youth outcomes; and, what federal agencies can do to improve the coordination, effectiveness, and efficiency of programs affecting youth.

Comprehensive sexuality education provides youth of all ages with the information and skills they need to make informed and responsible decisions to lead safe and healthy lives. It seeks to provide medically accurate, complete, and age- and developmentally appropriate information and aims to facilitate positive youth development by: reducing unintended pregnancy, HIV, and other STDs; increasing communication, decision-making, and healthy relationship skills; reducing bullying, harassment, relationship violence and

abuse, and stigma; and providing young people with the foundation to become sexually healthy adults. More comprehensive sexuality education stresses the value of abstinence and delaying sexual initiation while also providing information about contraception so that adolescents can make healthy and safe decisions when they choose to become sexually active. These programs teach about healthy relationships and communication skills, develop healthy attitudes about such topics as body image, gender roles and identity and sexual orientation, and encourage family communication about sexuality. They also give young people the skills to make responsible decisions about sexuality, including how to avoid unwanted verbal, physical, and sexual advances and the potential impact of alcohol and drugs on decision-making.

Our nation's leading public health and medical associations—including the American Medical Association, American Academy of Pediatrics, American Psychological Association, American Public Health Association, and Society for Adolescent Health and Medicine—support comprehensive sexuality education and have issued significant statements articulating this support. These organizations all stress the need for sexuality education that includes messages about abstinence and provides young people with information about contraception for the prevention of unintended pregnancy, HIV, and other STDs. Moreover, they emphasize the need for federal funding to support such approaches.

Significant research shows that more comprehensive approaches to sexuality education lead to positive outcomes for young people. Comprehensive programs help young people both withstand the pressure to have sex too soon and learn the skills to build healthy, responsible, and mutually protective relationships when they do become sexually active. Meta-analyses of comprehensive sexuality education programs have found that they delay or reduce sexual activity, reduce the number of sexual partners, or increase condom or contraceptive use. In addition, none of the comprehensive programs hastened the initiation of sex or increased the frequency of sex. Comprehensive sex education programs worked for a variety of youth populations: “both genders...all major ethnic groups...sexually inexperienced and experienced teens, in different settings, and in different communities.” In addition, several interventions proved to have long-term behavioral effects lasting two or more years.

In addition, when the CDC's Task Force on Community Preventive Services reviewed comprehensive risk reduction programs, group-based programs that “promote[d] behaviors that prevent or reduce the risk of pregnancy, HIV,” and other STDs, they found sufficient evidence to both recommend their use and conclude that such interventions can have a beneficial effect on public health. The recommendation is based on evidence of effectiveness in reducing a number of self-reported risk behaviors, including engagement in any sexual activity, frequency of sexual activity, number of partners, and frequency of unprotected sexual activity; as well as increasing the self-reported use of protection against pregnancy and STDs and reducing the incidence of self-reported or clinically-documented STDs.

Numerous studies have also shown that the lessons learned in comprehensive sexuality education programs are critical for healthy decision making during the teen years and early adulthood. Studies show that when teens are educated about condoms and have access to them, levels of condom use at first intercourse increase while levels of sex stay the same. Other research has found that teens that practiced contraception consistently in their first sexual relationship are more likely to continue doing so than those who used no method or who used a method inconsistently. Furthermore, the National Survey of Family Growth recently found that teen females are almost twice as likely to have a birth before reaching age 20 if they did not use a contraceptive method at their first sex.

The federal government needs to acknowledge and provide programming for the inter-related health needs of adolescents. For example, unintended teen pregnancy is integrally linked to other sexual and reproductive health issues facing our nation's youth, including the epidemic of STDs and HIV currently being experienced by America's teens. These and other adverse outcomes of unprotected sexual activity among

youth are interrelated and are the consequences of a complex set of circumstances representing the failure of our nation to holistically address sexual risk-taking among young people or to strategically and systemically provide youth with the information and services they need to make informed decisions about their sexual health.

While parents are—and ought to be—their children’s primary sexuality educators, they often need help and encouragement. A number of factors, including lack of knowledge, skills, or comfort, may impede a parent’s or caregiver’s successful fulfillment of that role. Comprehensive sexuality programs for parents can provide them with the training, resources, understanding, and encouragement they need to successfully fulfill this role. Comprehensive school-based sexuality education and community-based programs can complement and augment the sexuality education children receive from their families, religious and community groups, and health care professionals.

Bureaucratic and programmatic silos need to be broken. The Department of Health and Human Services (HHS), particularly the Office of Adolescent Health, the Centers for Disease Control and Prevention (CDC), and the Administration for Children and Families, and the Department of Education as well as the Departments of Justice, Defense, and Agriculture, should collaborate so that all young people—including those in public schools, tribal schools and the schools on military bases, as well as youth out of school, in juvenile detention centers, and in foster care—can receive a foundation of comprehensive sexuality education that will help them make healthy decisions during adolescence and adulthood. It is particularly important that agencies within HHS effectively collaborate with the Department of Education to address the need for health education, including sex education, in our nation’s public schools.

The on-the-ground work of the Division of Adolescent and School Health (DASH), located within the CDC, provides a successful model of collaboration that addresses both the health of students and academic success. DASH serves as the lead for school-health issues and works across the agency and in partnership with other federal, state, and local agencies, as well as national partners, to improve the health of young people through school-based activities. This infrastructure is an integrated mechanism through which young people in schools receive a broad array of health education, including addressing sexual behaviors that lead to HIV, other STDs, and unintended pregnancy; behaviors that lead to unintentional and intentional injuries; alcohol and other drug use; asthma; obesity prevention and nutrition; and mental health problems. DASH-funded education agencies are required to collaborate closely with the public health departments in their jurisdictions. These partnerships lead to integrated efforts that maximize program effectiveness, increase efficiency, and reduce redundancy. The funding assists states to improve the health of children and youth and remove barriers to students’ academic success by improving the high quality and coordination of efforts of school-level programs.

Again, thank you for the opportunity to provide comments on the Strategic Plan. The members of NCSSE hope that the Interagency Working Group will acknowledge and incorporate into its final Strategic Plan that comprehensive sexuality education is a foundation that can address the breadth of information and skills young people need to lead safe and healthy lives and is vital to promote positive youth development. If you have any questions or need additional information, please do not hesitate to contact Jen Heitel Yakush at the Sexuality Information and Education Council of the U.S. (SIECUS) at (202) 265–2405.

Sincerely,

Advocates for Youth
AIDS Foundation of Chicago
The AIDS Institute
American Civil Liberties Union

American Journal of Sexuality Education
Answer
Catholics for Choice
The Center for Family Life Education
EngenderHealth
HIV Prevention Justice Alliance
International Women's Health Coalition
Men Can Stop Rape
National Association of County and City Health Officials (NACCHO)
National Coalition of STD Directors
National Family Planning & Reproductive Health Association
National Latina Health Network
National Latina Institute for Reproductive Health
Physicians for Reproductive Choice and Health
Planned Parenthood Federation of America
Sexuality Information and Education Council of the United States (SIECUS)
United Church of Christ – Justice and Witness Ministries
Women's Alliance for Theology, Ethics and Ritual (WATER)