October 26, 2017

Office of the Assistant Secretary for Planning and Evaluation
Strategic Planning Team
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Via Electronic Mail: HHSPlan@hhs.gov

Attn: HHS Draft Strategic Plan FY 2018–2022 Comments

The undersigned 39 members or supporters of the Sex Ed Coalition welcome the opportunity to comment on the Department of Health and Human Services (HHS) Draft Strategic Plan FY 2018–2022. As national organizations that seek to support the sexual health and wellbeing of young people, we are deeply concerned by the draft strategic plan for a number of reasons, primarily the absence of inclusion of evidence-based and evidence-informed programs that support adolescent sexual health, including sexuality education, and the noticeable omission of reference of efforts to address health disparities and inequities among lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ), racial and ethnic minority populations, and other marginalized populations, particularly among adolescents.

We are additionally troubled by the lack of protections against discrimination, as well as the failure to acknowledge the critical role that the Affordable Care Act plays in supporting the health of young people. Non-discrimination protections and the ability of young people to obtain health care as advanced by the Affordable Care Act and other essential safety net programs are integral to adolescents' lifelong health. These absences reflect the document's lack of an intersectional lens—a lens that would recognize that individual's lived experiences encompass multiple identities and necessitate multi-faceted interventions. Focusing on the mission of the Sex Ed Coalition, and knowing that individual members and other partners will submit further comments on these components, the comments below focus on encouraging HHS's leadership of efforts to address disparities among adolescents' receipt of sexual health information and equitable access to education and skills related not only to the pursuit of reducing unintended pregnancies, HIV, and other sexually transmitted infections (STIs), but in the promotion of lifelong sexual health.

Supporting Sexual Health and Healthy Relationship Education for Young People
We share the common goal to provide adolescents with information and support to make healthy decisions regarding their health and wellbeing as specified under *Strategic Goal 2: Ensure people have the information they need to make healthier living choices.* It is for this reason that our organizations have collectively sought to support sexual health interventions grounded in evidence including the advancement of comprehensive sexuality education. High-quality comprehensive sexuality education provides science-based, medically accurate and complete, and age-, developmentally, and culturally appropriate sexual health information to address the physical, mental, emotional and social dimensions of human sexuality for all young people.

Taught by trained educators sequentially throughout students' school years, comprehensive sexuality education includes information and skill development related to a range of topics addressing human development, relationships, personal skills, sexual behaviors (including abstinence), sexual health, and society and culture.[1]

While to date there is no dedicated federal funding stream for sexuality education, let alone comprehensive sexuality education, evidence-based programs—such as those currently supported at the federal level—that incorporate elements of comprehensive sexuality education have been shown to improve academic success; prevent child sexual abuse, dating violence, and bullying; help young people develop healthier relationships; delay sexual initiation; reduce unintended pregnancy, HIV, and other STIs; and reduce sexual health disparities among LGBTQ young people.[2] Decades of research on sexual health education programs that include information on condoms and contraception—in addition to abstinence—has shown that they effectively delay sexual activity as well as increase condom and other contraceptive use when young people do become sexually active.[3] The strategic plan does not reflect this reality; while thin on additional substance as to how the strategy will be implemented, we are concerned by the Administration's promotion of principles and programs that have been shown to be ineffective at their primary goal of promoting abstinence until marriage, fail to meet the needs of marginalized young people, and often perpetuate stigma and shame for LGBTQ young people, sexually active youth, survivors of sexual assault, young parents, and adolescents of varying abilities.[4]

Additionally, under Strategic Goal 2: *Support early detection and treatment of communicable and chronic diseases,* we were discouraged not only by the lack of inclusion of education related to the prevention of HIV, but the complete omission of STI prevention. This is especially alarming because rates of HIV and other STIs continue to increase among young people and other marginalized populations. Despite vast improvements in HIV prevention, treatment, and care in the United States over the past decade, many marginalized communities continue to experience poor health outcomes and barriers to accessing care. Young black/African American and Hispanic/Latino gay and bisexual men, women, transgender people, immigrants, and those living in the southern United States continue to be disproportionately impacted by the HIV epidemic.[5] Youth overall also bear a disproportionate burden of STIs, accounting for half of the nearly 20 million new infections each year despite representing just over a quarter of the sexually active population.[6] We concur that early detection and treatment are essential tools for HIV prevention, but would encourage the expansion of prevention efforts to include STIs as well as information and education to prevent HIV as critical components in this endeavor.

Beyond disease prevention, it is critical to equip young people with the education and skills they need to develop healthy relationships. We are concerned by the narrow focus on relationships solely within the context of marriage, and particularly within an economic wellbeing context, as outlined under *Strategic Goal 3: Reform safety net programs to assist disadvantaged and low income populations*. Healthy relationships exist across all spectrums of society and learning to communicate with peers, friends, adults, and coworkers in a respectful and healthy manner is critical to healthy development. Additionally, relationship education should incorporate content on how to recognize unhealthy relationships and address issues of consent, violence, personal safety, and bodily autonomy. We strongly recommend that the draft strategic plan expand the concept of healthy relationships to fully meet the needs of all individuals and varying communities.

The promotion of success sequencing in programs ostensibly intended to support adolescent health contributes to our discomfort with the conflation of poverty prevention within healthy relationship education.[7] The concept of success sequencing asserts that people will reach middle class if they graduate high school, maintain a full-time job or have a partner who does, and have children after the age of 21, should they choose to become parents.[8] Success sequencing also promotes one narrow preference for how young people should plan and live their lives. This prescription simplifies a complex and systematic problem grounded in institutional barriers and discrimination that requires a multi-faceted solution. For example, evidence shows that the sequence does not work as intended because racial disparities are not solved only by greater individual responsibility.[9] We strongly recommend that the draft strategic plan expand the concept of healthy relationships to be inclusive of the full range of experiences of individuals and communities and to focus on their autonomous informed decision-making.

In order for the health needs of young people to be fully addressed, decades of evidence has demonstrated that they need access to quality empowering and potentially life-saving sexuality education. We strongly recommend that the draft strategic plan be revised to reflect the progress that has been made in incorporating evidence-based and evidence-informed approaches to adolescent sexual health promotion and to ensure that these efforts are inclusive and reflect the lived experiences of the young people being served.

Addressing Racial and Ethnic Disparities and Inequities

Knowing the best solutions to address the health needs of individuals and populations come from the surveillance and data available, we were encouraged by the inclusion of youth-focused surveillance under *Strategy Goal 4: Strengthen surveillance and epidemiology to protect health security and improve health outcomes.* The focus on learning from youth as to their needs is essential to shaping effective policies and interventions. We recommend that the strategic plan take best research practice methods into account in these endeavors, such as promoting separate analysis of data on disparities among LGBT people, among racial and ethnic minorities, and along any other relevant axes. We further recommend that the strategic plan support the surveillance and data analysis methods that take into consideration a diverse array of communities, cultures, races, and ethnicities so as to gain a more accurate depiction of how to most appropriately fulfill the needs of all young people.

While the references to addressing health and health care disparities throughout the Strategic Goals are appreciated, we would note the concerning lack of reference to the distinct disparities that racial and ethnic minority populations experience. Particularly given that young people are more racially and ethnically diverse than any other age group and ever before and that young people of color face disproportionate rates of adverse health outcomes.[10] Health disparities are caused by a multitude of factors and impacted by race, ethnicity, sex, immigration, and primary language, among others. As a result of systems of oppression, racial inequities are particularly pronounced in sexual and reproductive health. Although data is limited given the gaps within surveillance systems for people of all ages to fully capture racial and ethnic identities, what we do know is all too clear in demonstrating the disparities between young people of color and their white peers. Despite recent progress at reducing the disparity gap, for example, black and Hispanic/Latino young gay and bisexual men are more likely than their white peers to face a new HIV. Among non-Hispanic black young people ages 15–19, the rate of diagnosed chlamydia are more than five times those of non-Hispanic white youth, and rates of gonorrhea among non-Hispanic black youth are more than fourteen times those of white youth in this age group.[11]

These disparities are also present in access to sexual and reproductive health services—compared to non-Hispanic black and non-Hispanic white female youth, for example, Hispanic female youth are 25% and 17% less likely, respectively, to have received a Pap test in the prior year.[12] Failure to include specific intentions to address the disparities that racial and ethnic minority populations experience is a marked departure from the previous HHS Strategic Plan. We would urge HHS to build on prior efforts and focus on the elimination of disparities.

Perpetuating Discrimination and Barriers to Health Education and Services

Unfortunately, in addition to the lack of acknowledgement of barriers that individuals face as a result of race and ethnicity, the draft strategic plan contains language that, depending on application and interpretation, will perpetuate and create new barriers to accessing health information, education, and care. For instance, the plan contains several references to serving and protecting individuals at every stage of life, including "the unborn" and life "from conception." These concepts run contrary to medical evidence and standards of care, and instead reflect one particular religious point of view that has no role in advancing and protecting the public health of a diverse population. Elevating a fertilized egg to equal status with a person is contrary to United State law and establishes a policy framework that would undermine the ability of women and others to make the best decisions for themselves and their families, including decisions impacting their health and wellbeing, and their ability to participate in public life.[13] We therefore strongly recommend the elimination of any references to life of "the unborn" and "from conception."

It is disturbing that despite efforts to privilege the rights of embryos and fetuses over people, including adolescents, the draft strategic plan fails to articulate efforts to assist existing marginalized communities, such as LGBTQ individuals. LGBTQ people of all ages are disproportionately impacted by health inequities and face significant barriers to accessing health care information and services, as well as increased discrimination or stigmatized by health educators and providers. Among LGBTQ young people, higher rates of HIV, depression, substance use disorders, and physical and sexual abuse are far more common as a result of these discriminatory factors.[14] We urge the revision of the draft strategic plan to include previously supported interventions aimed at supporting the health and wellbeing of LGBTQ individuals.[15]

Thank you for the opportunity to submit comments on the draft strategic plan to strengthen efforts to support adolescent sexual health and ensure that these and efforts targeted for people of all ages are inclusive and reflective of the disparities and inequities populations too long marginalized still face in our country. Your consideration of our concerns and recommendations is appreciated.

For questions or more information, please contact either Sex Education Coalition co-chairs, Diana Thu-Thao Rhodes (diana@advocatesforyouth.org) or Jesseca Boyer (jboyer@guttmacher.org).

Sincerely,

Advocates for Youth

AIDS Alabama

AIDS Alliance for Women, Infants, Children, Youth & Families

AIDS Project Rhode Island

American Sexual Health Association

CenterLink: The Community of LGBT Centers
Equality California
Girls Inc.
Healthy Teen Network
HIV Medicine Association
Human Rights Campaign
In Our Own Voice: National Black Women's Reproductive Justice Agenda
Los Angeles LGBT Center
NARAL Pro-Choice America
NASTAD
National Asian Pacific American Women's Forum (NAPAWF)
National Association of County and City Health Officials
National Black Justice Coalition
National Center for Transgender Equality
National Coalition of STD Directors
National Council of Jewish Women
National Health Law Program
National LGBTQ Task Force
National Organization for Women
National Women's Health Network
NEAT - the National Equality Action Team
Physicians for Reproductive Health
Planned Parenthood Federation of America
Population Institute
Raising Women's Voices for the Health Care We Need
Secular Coalition for America
Sexuality Information and Education Council of the United States (SIECUS)
The Center for HIV Law and Policy
The National Latina Institute for Reproductive Health
Treatment Action Group
Union for Reform Judaism
URGE: Unite for Reproductive & Gender Equity
Witness to Mass Incarceration
Woodhull Freedom Foundation

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