

# Sexuality Education:

2010

## Report and Recommendations for Illinois



# **Sexuality Education Report and Recommendations for Illinois**

Based on results from a statewide strategic planning process to build investment, coordination, and movement around sexuality education

The Illinois Caucus for Adolescent Health

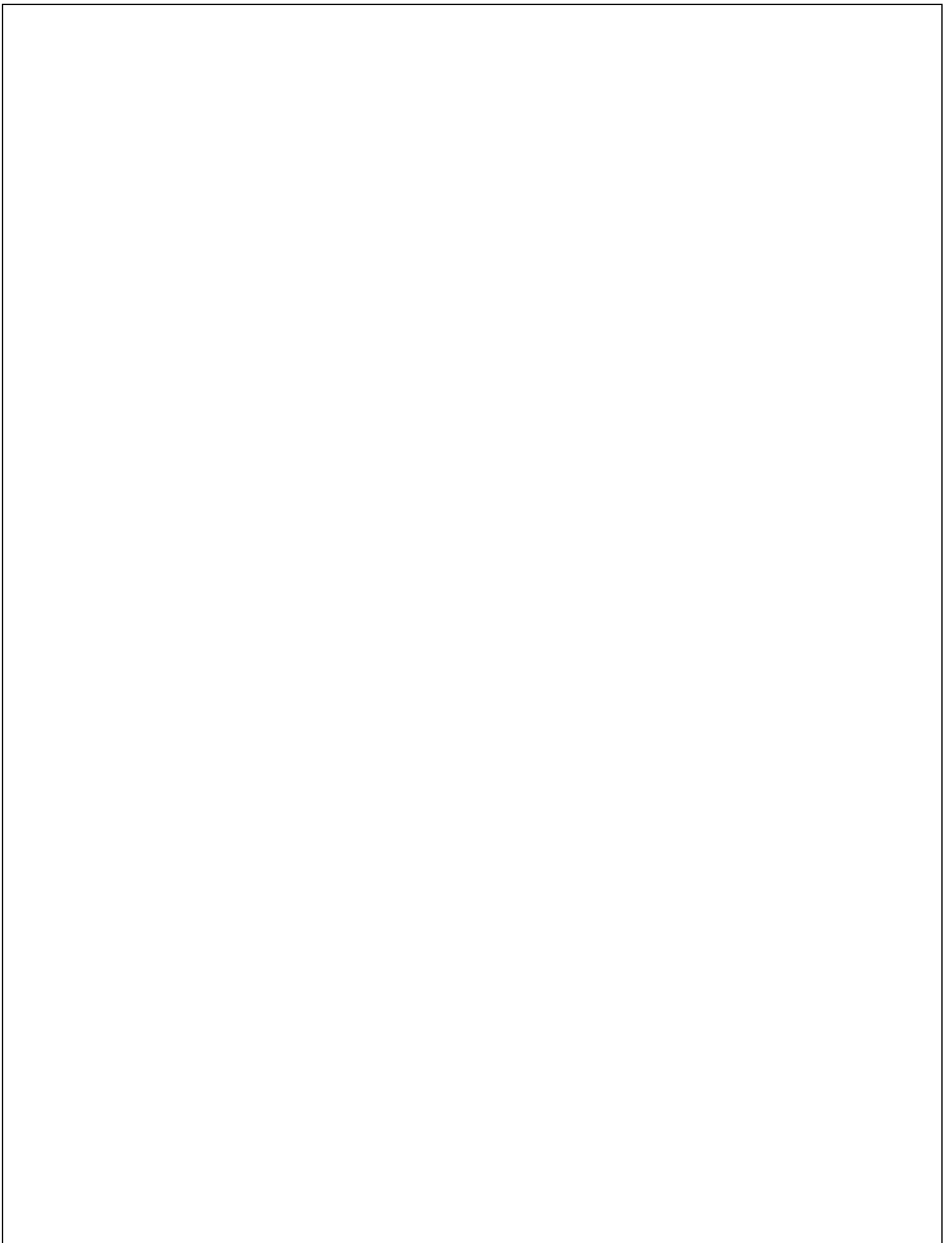
2010

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## EXECUTIVE SUMMARY

The Illinois Caucus for Adolescent Health's (ICAH) Sexual Health Education Planning Project (SHEPP) was designed to create a vision for the future of sexuality education in Illinois. Over the course of 15 months, ICAH engaged nearly 500 people in statewide strategic planning sessions to answer key questions necessary for designing Illinois-specific approaches to sexuality education. Leaving behind the simplistic sex education program labels of *abstinence-only*, *abstinence-based*, *comprehensive sex education* and the like, ICAH adopted a neutral term of *sexual health education* and then convened stakeholders to discuss its importance and potential structure, accessibility, staffing, and resources.

Planning with stakeholders occurred during several events across the state: a daylong language session; 90-minute roundtable discussions on language, roles, and resources; and a two-day summit in Springfield focused on turning the findings and discussions into statewide recommendations. Most of this report focuses on those recommendations. Findings from the various sessions are available by request.

Furthermore, ICAH and the Ford Foundation convened more than 70 stakeholders from Illinois and across the U.S. for a two-day conference *Community and School Partnerships for Sexuality Education: New Directions for Advocacy, Policy, and Practice* in October 2009. Participants shared information about model teaching training programs and community schools in Chicago; highlighted emerging strategic partnerships between communities, advocates, and schools; explored shared values and challenges among sexuality education organizations, teachers' unions, and the social movements for reproductive justice, reproductive rights, community schools, and lesbian, gay, bisexual, transgender, and queer (LGBTQ) rights; and at the end, began developing an education reform agenda for Illinois and the U.S. that includes sexuality education.

Overwhelming support exists for a comprehensive, responsible approach to sexual health and sexuality education that includes multiple institutions and groups; extensive coverage of topics in earlier grades; consistent, positive, and normalizing language; and creative resources and policies that support. This report is meant to be a guide for policy makers, educators, elected officials, advocates and others who are interested in creating a comprehensive plan for transforming sexuality education in Illinois.

## BACKGROUND

### *The State of Sexuality Education<sup>1</sup>*

**S**exuality is a vital component of basic human development. Sexuality education helps us make sense of our bodies and relationships, gives us the tools to handle external and internal pressures related to our overall health, provides space to ask questions and engage in trusted conversations about personal and collective responsibilities.

*Few school districts have policies detailing the type of sexuality education programs taught. Thus, sexuality education not only varies from district to district and school to school but even classroom to classroom.*

Education about our sexuality begins early in life as we learn lessons from our caretakers and siblings about appropriate behavior through observation and conversation. This education becomes formalized as we learn lessons at school about appropriate and inappropriate touching, anatomy, puberty, and other topics. But, at the same time, informal and erratic learning occurs among peers and from the media as we enter adolescence and become consumers. Dating brings a new set of educational opportunities and messages as we make decisions about familial and peer relationships, sexual activity, and partnering.

Unfortunately, the last two decades of sexuality education in Illinois have been inconsistent, under-resourced, and grounded in fear. State law does not require sex education to be taught in schools. The law allows but offers little guidance for such programs, stating that if sex education is taught, certain topics need to be covered.

Few school districts have policies detailing the type of sexuality education programs taught. Thus, sexuality education not only varies from district to district and school to school but even classroom to classroom. Limited communication and coordination exists among schools, parents, and communities about the type of sexuality education students are

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<sup>1</sup> Refer to “Illinois State Profile”, produced by Sexuality Information and Education Council of the United States, for a detailed history of sexuality education policy, as well as data on abstinence funding in Illinois.

receiving in each setting. Families often make assumptions about what their children are learning about sexuality—whether a sex education program is being offered by a school, church, or community-based organization. This disconnect creates inconsistency in messages and leaves major gaps in the information adolescents receive.

Resources for schools, communities, and parents to educate their constituents about sexual health are insufficient and often counterproductive. Most funding available for related educational programs are separated by topic or expected outcome—for example, HIV/AIDS and STI prevention, adolescent pregnancy prevention, sexual assault prevention—or are counterproductive to the larger goals of sexuality education.

One such example is the rise of the abstinence-only-until-marriage (AOUM) industry in the U.S., with Illinois agencies leading the way. This industry was built with federal dollars beginning in the early 1980s with the Adolescent Family Life Act's chastity programs, gained credibility with a \$50 million per year allocation through Title V funding in the mid-90s, and culminated in a direct-to-organizations grants program established in 2000 called the Special Projects and Regional and National Significance—Community-Based Abstinence Education (SPRANS-CBAE). The Bush Administration increased funding for the CBAE program each year, finally reaching \$113 million in fiscal year 2008. Of that, \$10 million was allocated to Illinois. AOUM programs have the following traits:

- Limited to teaching about abstinence-only-until-marriage
- Do not address the experiences of lesbian, gay, bisexual, transgender, and queer students who cannot marry
- Do not address the experiences of students who have been sexually abused
- Cannot discuss the health benefits of contraceptives
- Focus heavily on and exaggerate the ineffectiveness of STD/STI and pregnancy prevention tools

No research has demonstrated positive behavioral outcomes from these programs. In fact, numerous studies have pointed out grave medical inaccuracies and insufficient coverage of topics vital to sexuality education and healthy decision-making throughout the life span.

Finally, silence and fear continue to bind the delivery and progress of sexuality education. While an overwhelming majority of people support a comprehensive approach to

sexuality education in schools, few are willing to vocalize this opinion in a public setting. Many people rest on assumptions about what is being taught in family-, community-, and school-based settings and do little to correct misinformation. Adolescents are then left to gather information from random places and provided with few opportunities to confirm or validate their findings.

As a result, youth often find themselves unequipped to deal with a major aspect of their development. Problems and effective solutions are disconnected in the public health, medical, and educational spheres. This has also left a small minority of people to pass policies, secure funding, and develop resources that often reflect only one subset of values—morals that often rely on dishonesty, bigotry, and shame to promote their values without equipping adolescents and families with information and skills to navigate this lifelong, challenging issue.

However, despite ideologically driven programs and lack of infrastructure, many educators, curriculum developers, parents, doctors, public health professionals, administrators, policy makers, and other stakeholders believe that young people need and merit honest, accurate, and complex education about their sexual health from multiple sources. Unfortunately, these individuals have largely remained isolated and unsupported. Likewise, financial, curricular, and training assets to support adolescent sexuality education have been limited and fragmented, with contradictory definitions, standards, and messages.

### ***Illinois Caucus for Adolescent Health's Sexuality Education Advocacy***

**T**he Illinois Caucus for Adolescent Health has been at the forefront of the sex education debate for decades. At the turn of the 21<sup>st</sup> Century, the organization fought the establishment of Title V and SPRANS-CBAE funding streams for abstinence-only-until-marriage programs. In 2004, ICAH launched the Illinois Campaign for Responsible Sex Education in partnership with Planned Parenthood of Illinois. During the Campaign's two and a half years, the organization had many accomplishments:

- Introduced grants legislation in the Illinois General Assembly to create a state funding stream to support sexuality education
- Increased media coverage on sexuality education throughout the state
- Built a large network of people dedicated to the promotion of responsible sexuality education
- Identified the beliefs and attitudes of Illinois voters toward sexuality education
- Created needed resources and guidance for educators
- Passed a local school board policy in 2006 in the Chicago Public Schools and Urbana School District mandating comprehensive sexuality education for all students and training for all teachers

In 2007, ICAH launched the Sexual Health Education Initiatives (SHEI) using a multi-pronged approach to improving sexuality education in the state. The goals of this initiative were as follows:

- **Legislative:** To build legislative champions to allocate public funds and improve policies to support responsible approaches to sexuality education.
- **Grassroots organizing:** To build local pressure to improve sexuality education policies and practices.
- **Training and resources:** To build capacity of institutions and providers to better meet the sexual health educational needs of adolescents.

Over the past five years, ICAH has been dedicated to improving sexuality education in Illinois, connecting stakeholders throughout the state with each other and resources, developing new resources and models, and identifying new paths for collective action. ICAH's Sexual Health Education Planning Project (SHEPP) is the most recent effort to consolidate all of these approaches into one initiative that expands the level of investment, communication, and planning necessary to make the work greater than one individual or organization and to expand adolescent sexuality education in Illinois.<sup>2</sup>

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<sup>2</sup> ICAH is deeply indebted to Jonathan Stacks, former director of sex education initiatives, for his leadership.

## RECOMMENDATIONS FOR ILLINOIS

The following recommendations, resulting from all phases of the SHEPP, are designed to fill in the gaps from science, research, and best practices about how to design, implement, and sustain sexuality education programming in multiple venues throughout an entire state. The recommendations are intended to stimulate thought, conversation, and ultimately to be adopted by all the stakeholders vital in this process. These proposals will evolve as progress is made toward realizing the ultimate goal of comprehensive, accessible, and sustainable sexuality education for all Illinois youth.

### ***Policies and Funding***

Local and state policies are essential tools not only for influencing practice but for also shaping public perception. We propose the following policy recommendations:

- Mandate sexuality education
- Change and strengthen the Illinois School Code
- Require teacher training in sexuality education
- Expand sexuality education into other educational areas
- Provide adequate program funding

### ***Sexuality Education Mandate***

The standards and language for this mandate could be drawn from the standards described in this report. In addition, the educator trainings could come from the statewide training program outlined by this document. These mandates can be written into statute through state legislation such as the Reproductive Health and Access Act (HB 6205), as well as into local school board policy.

### ***School Code Revision***

The current Illinois School Code—the state law that guides teaching about sexual intercourse to cover certain topics—must be strengthened and refined with or without a statewide

mandate for sexuality education. Two topics, in particular, are problematic:

- Abstinence until marriage as the expected standard
- Honor and respect for heterosexual monogamous marriage

Instead,

- Abstinence could be replaced with “*reasons for not having sexual intercourse and skills for being abstinent.*”
- Heterosexual marriage should be broadened to include “*lifetime commitments*” (the commitments people make to share their lives together).

Illinois School Code revisions easily could be made without a sweeping mandate requiring all public schools to teach sexuality education.

### ***Teacher Training***

All teachers—current and entering—should be trained in sexual health. Currently, little oversight exists as to who teaches sexual health education topics.

Integration of sexuality and sexual health instruction

into existing teacher training courses would enable topics to be covered in multiple settings and reinforce human sexuality as a natural part of human development. Such integration also would alleviate the need for additional certification requirements.

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### ***Education Integration***

Illinois should develop a policy and administrative strategy to integrate sexuality and sexual health topics and programs into a broader education. Communities disproportionately impacted by health disparities are equally affected by negative educational outcomes. Sexuality education is also an educational issue—not just a public health issue. Similarly, sexuality education is not just the responsibility of teachers but of families and communities.

Unfortunately, most policies and funding that support health education and wellness in schools exclude sexual health topics. The lack of education integration needs to be solved. Reform efforts for both sexuality and general education must bridge the divides between sexual health and education and between parents, communities and schools.

### ***Funding***

Every poll conducted in Illinois shows that voters overwhelmingly affirm a comprehensive approach to sexuality education. However, abstinence-only curricula are used more in Illinois schools than any other approach. This is the result of a historical imbalance in funding. Legislation at the federal level, such as the Responsible Education About Life (REAL) Act, would create federal funding streams for evidence-based sexuality education in schools.

Congress and state legislatures need to stop singling out sexual health topics and start supporting community-, family-, and school-based programs that are holistic in nature and support collaboration and coordination between providers.

Furthermore, private funding sources, including foundations, corporations, and individuals, need to start supporting schools, community- and faith-based organizations, and families in adolescent sexuality education. Collaborative private funding structures should be explored to create grants for which individual providers or organizations could apply to purchase and develop curricula materials, design and implement teacher and parent training, monitor and evaluate programs, advocate for policies and practices, and create media and communications campaigns. New structures could help leverage public dollars through private-public partnerships.

### ***Administration and Monitoring***

Currently, no coordinated entities exist to monitor the sexual health education policies and practices within Illinois. Systems at state, regional, and local levels should be set up to administer, monitor, and sustain sexual health education.

An executive board should be established that would include representatives from all major stakeholder groups. The board would meet annually to oversee funding, policies,

training, resources, and evaluations. Regional coordinators would support the board to monitor practices and policies across the state. Three main task forces could provide additional support:

- **Communications Task Force.** To provide messaging consultation to advocates and editorial boards; develop spokespeople for public discourse; develop tools for parents and communities; oversee marketing efforts to increase visibility of sexuality education; collaborate with other adolescent priorities such as violence and school drop-out rates; and cultivate new partners to speak publicly about the issue.
- **Public Policy Task Force.** To oversee state budget allocations; develop a plan to craft and pass policies; and track related legislation that supports or hinders sexuality education.
- **Resources Task Force.** To build private-public funding collaborative; coordinate resources; establish a clearinghouse; make recommendations to public and private funding sources for fund allocations; identify gaps in funding or curricular resources; initiate a Request for Proposals process; and inform the Public Policy Task Force about an appropriation process.

## ***Media***

The media is the most effective system for portraying positive images of sexuality and conveying health messages to adolescents. Youth can help shape the media's influence on sexual health through direct input and using their consumer power.

## ***Statewide Training Program***

Training on sexuality education for all educators is a crucial element to success. A statewide training program is needed to coordinate existing practices, fill in gaps, and provide a structure in which local, state, and federal governments and private funding sources can invest. Thus, a major focus of this planning project was on how to develop such a program.

## **Goals**

A statewide training program would:

- Strengthen coordination of providers to improve practice, which would decrease rates of STIs and other risk factors reported by the Youth Risk Behavior Survey.
- Prepare all individuals who encounter children and youth with up-to-date information and access to resources in order to foster healthy sexual development using consistent messages and common language.
- Develop a model to assist local communities to implement and integrate comprehensive sexuality education curricula and strategies in school-, community-, and family-based settings to enhance sexuality literacy.

Moreover, long-term investment in a coordinated training program would positively impact graduation rates and college completion rates by developing curricula that increases school attendance and test scores.

## **Elements**

A comprehensive, accessible, and sustainable teacher-training program should consist of the following elements:

- **Coverage of topics.** Topics need to begin before students enter school. They need to be consistent through the grade-levels and offered in community-, school-, and family-based settings.
- **Location and logistics.** Technology needs to be used to expand reach and accessibility. This includes developing videos that people can watch and conducting trainings online. Initial trainings need to be offered face-to-face with subsequent trainings online. Free food, parking, and travel could be used as incentives to increase attendance. People and organizations with the means for training should pay, while scholarships should be offered to those who are less financially secure. A one-week intensive training institute is also an option.
- **Trainers.** Trainings need to be led by qualified trainers using a holistic approach and the common language that has emerged from this planning project. A cadre of trainers that can travel and offer various training to multiple audiences needs to be developed

and coordinated. These trainers need to be held accountable to using the principles, language, and approaches agreed upon in this planning process.

- **Evaluation.** Every training needs to be evaluated for its effectiveness and improved based on the results.
- **Funding.** New funding for this program needs to be developed. Ideas include insurance companies, private-public funding collaborative, and state or federal government funding streams.
- **Linkages to other trainings.** This training program needs to coordinate with related areas such as safe schools, mental health, drugs and alcohol, general health, and parent education. The program also needs to connect with pre-service training that teachers receive while in colleges and universities as well as with in-service professional development programming. Colleges and Universities need to require sexuality education training for all teachers—health, physical education, science, and math—prior to receiving their degrees.

### ***Local Structures, Networks, and Strategies***

*Local policies, funding, and development are necessary to see significant changes in adolescent health behavior and decision-making.*

Sexuality education efforts and resources must exist at a local level, given that all change ultimately comes down to local application. Local policies, funding, and development are necessary to see significant changes in adolescent health behavior and decision-making. It is challenging to develop the complex web of institutions and individuals needed in each local community for sexuality education.

ICAH has developed a three-phase model for how different districts can implement sexuality education at the local level, meeting schools and communities at whatever “phase” they are at and helping people move through a “step-by-step process” towards full implementation and monitoring. This approach can be adapted so that all stakeholders in a local community can identify how they will play their role in the sexuality education of their youth.

Phase One is for communities that have an evolving sexuality education climate and therefore are ripe for policy change. Locally based organizers partner with additional ICAH staff and youth to develop and implement a peer education program in their communities. These programs serve as a vehicle for engaging, educating, and organizing the involved youth as well as a tool to bring additional youth to the table.

Local communities have voiced interest in not only passing policies to sustain sexuality education but also developing health education program plans. These program plans will include a sexual health component particular to the identity and needs of their community. In Phase Two, the planning process brings an investment from multiple stakeholders in the community, which allows for alliances to form and collaborations to co-exist between the school district and the community organizations serving the student populations.

The creation of a Sexuality Education Collaborative within the community may be a natural outcome of this program planning process. This collaborative could involve:

- **Educators:** parents, school teachers, youth peer educators, community-based educators
- **Administrators:** school, community, and public health
- **Service providers:** community-based, faith-based and medical
- **Decision makers:** school board, city council
- **Financiers:** family foundations, businesses, corporations

*A coordinated and effective system of support can be built if parents model good behavior and teach values, medical providers and organizations offer services and correct information, schools teach factual information, legislators and business leaders provide funding, and the media portray positive images of sexuality.*

The collaborative can guide the planning process, secure resources for implementation, coordinate training efforts, and monitor progress each year afterward. One such collaborative was successful in Cleveland, Ohio, at implementing a K-12 sexual health education program.<sup>3</sup>

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<sup>3</sup> Request *Cleveland Paper.pdf* for more information.

Finally, in Phase Three, school district(s)/cities should be ready to implement their sexual health education plans. ICAH will then begin implementation monitoring at these locations. ICAH also will work to build the capacity of Youth Advisory Boards to engage their communities in developing and implementing a monitoring plan that holds the school district accountable for implementing effective sexuality education programs in the school districts that stay true to the interests/needs of the community.

The full scope of adolescent needs can be met by engaging multiple community partners to support sexuality education. A coordinated and effective support system can be built if parents model good behavior and teach values; community- and faith-based organizations, and medical providers deliver accurate information, schools teach factual information, legislators and business leaders provide funding, and the media portray positive images of sexuality.

### ***Messages and Language***

The messages and language used in talking about and teaching human sexuality have immense impact on the stakeholders involved in the process, especially adolescents who are the final recipients. Unfortunately, the language tends to be inconsistent, combative, and overly simplistic. In order to make progress, we need to agree upon principles that will guide our messages and language.

The language currently used for describing sexuality education is as inconsistent as the personal experiences people have with their own sexualities. We do not talk often and openly enough with each other about this important aspect of human development. Words used to describe anatomy and physiology varies widely across settings and cultures. Contradictory messages can be incredibly confusing for adolescents who are already struggling to make sense of the complexity of their changing bodies and competing pressures. Commonly used language also is very combative and dramatic. We speak of the life and death consequences of sex. We focus on showing the most extreme pictures of STIs. We use the term *abstinence* in relation to sexuality—the same way we describe illegal drug use, violence, and other unhealthy behaviors.

Current language also oversimplifies the concepts involved in sexual health education. We often pit two approaches against each other: comprehensive sex education vs. abstinence-only programs. We make assumptions about what people will believe based on their identities, e.g. Christians are opposed to teaching about sexual health and liberals support a sex-positive approach to sexual health education. If a program teaches about condoms, we label it *comprehensive sex education*, despite it not covering many topics that should be discussed. If a program focuses on abstinence, we label it *abstinence-only* even if it is not limited to teaching that topic or doesn't follow the federal rules limiting instruction to only the failure rates of condoms.

A standard comprehensive language is needed—one that does not conjure judgment of individuals but rather relays facts in a neutral and helpful way. Comprehensive language needs to be understood by adults and government officials yet also effectively convey the message to its final target audience: adolescents. We need a language that recognizes sexuality as a lifelong, integral part of the human experience with risks and benefits, facts and values, and personal and shared responsibilities.

*We need a language that recognizes sexuality as a life-long, integral part of the human experience with risks and benefits, facts and values, and personal and shared responsibilities.*

### **Grounding Messages**

The following messages can provide an overall picture of sexual health education:

*Our nation deserves the sexual health policy that is supported by the vast majority of Americans. A majority believes:*

- *We need an honest dialogue about sexual health.*
- *We need access to information empowers healthy decision-making and risk reduction.*
- *Growing up healthy is a national concern.*

## Messaging Guiding Principles

Guiding principles should shape how we talk about and frame sexual health.

- **Focus on risk reduction.** Risk reduction, prevention, and pregnancy and STI rates were the topics most listed on the note card activity describing sexual health education. This is also reflected in all the major polling and media coverage around the country and the state. Thus, risk reduction is a necessary part of any message or language. However, by over emphasizing this aspect, we run the risk of desensitizing youth to the complexities of the risks involved. We may also demonize young people merely as carriers of disease and pregnancy.
- **Recognize sexual health as an essential, vital, fundamental, and natural part of the human experience.** Sexuality is as integral personalities as is spirituality, physicality, sociability, intellect, and emotions. But because we are uncomfortable talking about sexuality, we often unintentionally isolate it from a core, natural aspect of being human. Sexuality has a huge impact on one's educational and career attainment. Dealing with a disease, infection, or pregnancy can limit one's ability to reach a goal. Being distracted by one's changing body can limit one's ability to succeed in school. Thus, we need to see sexual health education as a core aspect of education and sexual health as a fundamental aspect of life to avoid labeling young people as merely carriers of disease and pregnancy and to recognize that young people experience their sexual health just as we all do—in very different and complex ways.
- **Equip recipients with a clear understanding of anatomy and physiology.** When asked to describe the importance of sexual health, anatomy and physiology were frequently noted. Sexuality education must focus on teaching useful information about how the human body works in order to equip people with the knowledge and skills they need to make informed, healthy, and safe choices about sex practices and personal sexuality. Factual and statistical information should not be abused or used as a scare tactic to prevent sexual activity. Instead, scientific evidence should be used to help people develop critical-thinking and analytical skills for personal decision-making.
- **Use sexuality education to build knowledge and clear up misconceptions.** Education about sexual health topics provides an opportunity to truly build knowledge

instead of just simply having students regurgitate facts. Misconceptions abound throughout our society about sexuality and sexual health. Sexuality education can correct these misconceptions and help adolescents actively seek information, increase critical thinking and analytical skills, and find credible answers.

- **Empower people to make healthy choices.** By providing information and building critical decision-making skills, we have the opportunity to improve individual and public health outcomes. Sexuality education provides us an opportunity to give each other the skills to make those healthy choices.
- **Recognize the importance of building healthy relationships.** Sexuality education is important because of the need to build healthy relationships. By beginning young with lessons on inappropriate touching, we help children learn what are healthy physical interactions with adults. By teaching about healthy friendships, kids have the chance to clarify the appropriate behaviors that are different from romantic relationships. By teaching about healthy intimate relationships, adolescents are able to identify abusive relationships. By teaching parents and kids to talk about sexuality together, we get the chance to improve communication and relationships at home.
- **Build open and honest communication.** We must let go of the silence and fear of the past and embrace a new open and honest approach to sexual health communications. Instead of sending young people away when they ask questions, we need to encourage them to go to trusted sources for the answers. We need to create safe, useful spaces beyond the media and street where we can seek answers together to the complex questions of sexuality.
- **Stop focusing on the term *abstinence*.** Instead, we can teach young people to *refrain from sexual activity* or *wait to have sex*. These terms are easily understood and don't equate sexual activity with drug use, violence, and other dangerous activities to be avoided.<sup>4</sup>

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<sup>4</sup> Request the document *Messaging Notes 4\_14\_08.doc* for more details on the cognitive linguistic study that gives the foundation for this argument.

## ***Definition, Values, and Standards***

### ***Definition***

Education about sexual health and sexuality education in Illinois is a shared community responsibility advanced through various and diverse outlets. It promotes developmentally appropriate content that discusses and explores a set of vital topics that are fundamental to the sexual development of an individual. This education encourages the incorporation of individual values to promote informed decision-making over a lifetime.

### ***Values***

- Universal access to knowledge
  - Honesty
  - Transparency—everyone in the community (parents, teachers, students, etc.) should know what is being taught
  - Accountability
  - Science-based
- Sexuality as a positive part of life and personal development
- Shared and personal responsibility
- Respect for individuality and diversity
  - Self-worth
  - Personal empowerment
  - Equality
  - Inclusiveness

### ***Standards***

- Developmentally appropriate
- Collaborative and culturally adaptable
- Highest standard of medical accuracy
- Promotes acceptance and knowledge of difference
- Educators should be qualified, properly trained, engaged, and willing to teach sexual health education

- Encourage discussion and skills for communication with families, giving the option of parental involvement
- Within an inclusive setting, create a safe social environment conducive to student participation and learning
- Sufficient length to cover a set of topics in a pedagogical sequence for life-long responsible sexuality
- Empower young people to develop and protect themselves with knowledge and skills in sexual health using science-based research
- Comprehensive coverage of all relevant topics

### Timing of Topics

ICAH has always believed that the local community should define for themselves what is an appropriate time to begin certain sexuality education topics. However, the planning project wanted to see if enough consensus existed among the roundtable participants to make a statewide curricula map. The conclusion was that there was not consensus, but instead general themes:

- **All topics should be introduced before high school.** While there was little consensus about when certain topics should first be introduced, very few people chose ninth grade or above for first introduction of any of the topics. Most topics fell between 4<sup>th</sup> through 7<sup>th</sup> grades. Unfortunately, most schools are waiting until high school to introduce many of the topics listed on the Timing and Topics Survey. Thus, we know programs must shift toward younger grades to impact behaviors before they are established and before the onset of sexual activity.
- **The topics *abstinence until marriage and marriage* should be replaced by *abstinence and marriage and lifetime commitments*.** Participants clearly rejected the former topics and supported the latter. But state law and federal funding are guided toward the former. Thus, changes need to be made to those policies and adjustments can then be made in the application of those laws.

## **PROJECT METHODS**

**T**he Sexual Health Education Planning Process began in the spring of 2008 with a daylong messaging session attended by 50 youth and adults. The participants analyzed how we currently talk about sexual health education and began to develop new frames for messaging.

The initial session laid the groundwork for a series of 30 roundtables throughout the state facilitated by ICAH and partner organizations from September 2008 to March 2009. Five hundred people attended the roundtables in various Illinois cities—from Woodstock to Carbondale and Champaign to Quincy—to envision an Illinois-specific approach to sexual health education.

Next, the roundtables were synthesized and presented at a Stakeholder Summit in Springfield, Illinois, in the spring of 2009. All roundtable participants and representatives from key stakeholder groups from around the state were invited to participate. Summit recommendations were compiled, analyzed, and written up in this report.

Finally, in October 2008, more than 70 sexuality education advocates throughout the U.S. convened in Chicago to share ideas and strategies for the development and implementation of sexuality education.

### ***Messaging Session***

On April 14, 2008, ICAH and the ACLU of Illinois hosted 50 sexuality education advocates and educators from around the state for a daylong messaging session. Half of the participants were youth while the other half represented groups who are working to improve sexuality education in their own communities. The purpose of the session was to discuss how we talk about sexuality education with internal and external audiences.<sup>5</sup>

The day began with a presentation by Real Reason, a group of cognitive linguists who have been studying how national organizations talk about sex education publicly. Participants were then assigned to small groups of youth and adults to discuss the presentation and what it means for our advocacy work. The second part of the session consisted of affinity groups—youth, advocates, and educators—completing sentences such as:

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<sup>5</sup> Request *Messaging Agenda 4\_14\_08.doc* for the agenda and list of participants

- *As a youth, I wish people understood sexuality as...*
- *As an advocate, I wish people understood sex education as....*
- *As an educator, I wish people understood sexuality as...*

The notes were gathered and used to create the protocol for the roundtable discussions.<sup>6</sup>

## ***Roundtable Discussions***

From September 2008 to March 2009, ICAH and partner organizations coordinated 30 roundtables with 500 participants. Partners included health, education, faith, and community-based agencies. They were held at public schools, churches, restaurants, and other accessible locations. Each roundtable lasted 90 minutes and was open to the public. Participants were invited through ICAH and host networks, and public outlets. Special consideration was given to direct stakeholders participants beyond the Chicagoland area.<sup>7</sup> The purpose of the roundtable was to help build connections between people who are impacted by or impact sexual health education as well as to gain an understanding of individuals' visions and expectations around sexual health education. The roundtable protocol included several steps.<sup>8</sup>

- 1) **Note card.** Participants completed one note card each with the open-ended statement "Sexual health education is..."
- 2) **Timing and Topics Survey.** Participants completed a survey on which grades they felt sexual health education topics should first be introduced.
- 3) **Profile.** Participants provided demographic information about their race, age, education, sexual orientation, and gender and identified the stakeholders groups in which they belong.
- 4) **Small group statements.** Participants divided up into small groups and completed two worksheets with the open-ended statements "Sexual health education is important because..." and "People are opposed to sexual health education because..."
- 5) **Eco-map.** The small groups designed an eco-map to outline the ideal roles various institutions and systems should play in the provision of adolescent sexual health education.

<sup>6</sup> Request *Messaging Notes 4\_14\_08.doc* for the notes from this session

<sup>7</sup> Request *RT Participants Leg District.xls* for a listing of the 317 legislative districts represented by participants.

<sup>8</sup> Request *Roundtable Protocol* for the facilitator from the roundtable discussions.

6) **Toolbox.** The small groups identified the resources and strategies needed to support their ideal eco-map vision.

The chart below contains participant demographic information.<sup>9</sup>

Stakeholder Groups	Participant Numbers	Demographics	Participant Percentages
<b>Community Leaders</b>		<b>Race</b>	
Faith-based	70	White	43%
Business leaders	31	Black/African-American	33%
Foundation	38	Latino/Hispanic	18%
Media	30	Asian/Pacific Islander	4%
Other	77	Native American	2%
<b>Families</b>		<b>Age</b>	
Youth	150	Under 25	47%
Parents	182	25-49	34%
Grandparents	54	Over 50	20%
Foster parents	11	<b>Education</b>	
Other	43	Up to high school	34%
<b>Policy Shapers</b>		Some or all college	30%
Lobbyists	19	Graduate school	36%
Legislators	16	<b>Sexual Orientation</b>	
School board members	28	Straight	90%
City and county government	15	Lesbian, gay, or bisexual	10%
Advocates	129	<b>Gender</b>	
Other	43	Female	79%
<b>Medical and Public Health</b>		Male	21%
Doctors	71	Transgender	0%
Nurses	63		
Pharmacists	12		
Health departments	68		
Family planning clinics	43		
Other	85		

The roundtable discussion data and notes were compiled and analyzed. Reports were written and used as the foundation for the Stakeholder Summit.

<sup>9</sup> Participants were urged to identify with as many stakeholder categories that applied to them.

## ***Stakeholder Summit***

On March 30<sup>th</sup> and April 1<sup>st</sup>, 2009, 30 people gathered in Springfield, Illinois, for a Stakeholder Summit to analyze the findings from the roundtable discussions and begin to develop recommendations for a statewide plan. All 500 participants from the roundtables were invited to attend, as were individuals who represented key stakeholder groups that are central to sexual health education. Participants represented a number of constituencies:

- School boards
- School educators and administrators
- School health centers
- Community-based educators and administrators
- Illinois Department of Human Services, Department of Public Health, and State Board of Education
- County health departments
- Nurses
- HIV/AIDS service providers
- Sexual assault prevention and service providers
- State and local advocacy groups
- Faith-based communities
- Youth
- Parents and grandparents
- Private foundations

Prior to the Summit, participants were assigned to one of three groups. Each group had a set of guiding questions and supporting materials, including the roundtable discussion findings, to inform the planning process.<sup>10</sup> The three groups were tasked with specific outcomes as follows:

- **Statewide Training Program:** To develop goals, activities, and steps for the development of a statewide training program that is comprehensive, accessible, and sustainable.

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<sup>10</sup> Request the Stakeholder Summit planning document for a list of participants, guiding questions, and supporting materials.

- **Definition, Standards, Values, and Messages:** To develop a definition for sexual health education, standards and values to guide sexual health education, and messages to be used for communications about sexual health education.
- **Networks, Structures, and Strategies:** To develop statewide and local policy and practice recommendations to coordinate approaches to sexual health education, build systems for monitoring, and identify the roles of various individuals and groups.

## **CONCLUSION**

In recent years, the general public has become aware of and concerned with the misuse of public dollars to support Abstinence-Only-Until-Marriage (AOUM) programs. Nearly half of all states opted out of receiving federal dollars through the former Title V program. In 2009, one of the AOUM industry leaders in Illinois, Project Reality, closed its doors and merged with the Abstinence and Marriage Education Partnership. In fiscal year 2009, Congress made the first cut to AOUM funding, decreasing the SPRAN-CBAE grants by \$13 million.

The current administration has opened the door to a new era in adolescent sexuality education. In December 2009, Congress signed into law an omnibus-spending bill that eliminates all spending for AOUM programs and redirects the funding to a Teen Pregnancy Prevention Initiative for evidence-based and innovative programs. The new initiative, with \$114.5 million in funding, will be administered by the newly created Office of Adolescent Health within the U.S. Department of Health and Human Services with a mandate to support “medically accurate and age appropriate programs.” At the same time, a health care reform bill passed by the Senate includes an amendment that would allocate \$50 million for AOUM programs to be administered by states. The zeal for abstinence-only programming has not gone away.

Yet Illinois can capitalize on the overall shift in federal funding towards evidence-based sexuality education. An opportunity exists for Illinois to set new standards and invest in innovative models for policy and practice that are not dictated by funding and ideology but rooted in communities, sound judgment and science. We hope this report lays the foundation for a comprehensive, coordinated vision of sexuality education and will be a resource for key opinion leaders and decision-makers in Illinois.

\* \* \* \* \*

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