Assessing Federally Funded Comprehensive Sex Education in Illinois: Current Programs, Gaps and Implications

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Introduction

The federal government recently established two funding opportunities to encourage the implementation of evidence-based sexual education programming. Illinois received $8.2 million in funding in fiscal year 2010, with $3.9 million allocated towards Chicago Public School’s implementation of the Teen Outreach Program and $1.4 million allocated to Children’s Home & Aid’s implementation of the CAS—Carrera Adolescent Pregnancy Prevention Program. This brief describes these newly funded programs and analyzes the implications of and solutions to any programmatic shortcomings.

Recent Federal Grants for Comprehensive Sexual Education

Following welfare reform in the mid-1990s, large sums of federal money have been allocated annually towards promoting “premarital abstinence among young Americans.”1 In a government-mandated evaluation completed in 2007, Mathematica Policy Research, Inc, found these abstinence-only curriculums to “have no beneficial impact on young people’s sexual behavior”.1 Therefore, in fiscal years 2010 and 2011, President Obama and Congress initiated two new funding opportunities focused on evidence-based comprehensive sexual education programs, shifting government priority away from abstinence-only-until-marriage sexual education programs, even though they continue to be funded.2,3

The Consolidated Appropriations Acts of 2010 allocated $110 million for fiscal year 2010 to fund comprehensive sexual education programs for the President’s Teen Pregnancy Prevention Initiative (TPPI), which is administered through the Office of Adolescent Health in the Department of Health and Human Services.2 Of this $110 million, $75 million was allocated to replicate programs found to be effective based on the research evidence.2 These programs are considered “Tier 1” curriculum. Twenty-five million dollars was allocated for promising, new or community-wide initiatives (“Tier 2”), and $10 million was used for research, evaluation and technical assistance.2

The Patient Protection and Affordable Care Act of 2010 designated $75 million per year from 2010 to 2014 to fund the Personal Responsibility Education Program (PREP), which educates “young people with medically accurate and age-appropriate sex education in order to help them reduce their risk of unintended pregnancy, HIV/AIDS, and other STDs through evidence-based and innovative programs.”2 PREP is administered by the U.S. Department of Health and Human Services Administration for Children and Families (ACF).2 Of the $75 million allocated for 2010, $55 million was directed to state grants to replicate programs that use or substantially incorporate components of evidence-based programs. An evidence-based program is one that has been rigorously evaluated and shown to change behavior among youth who participated in the program compared to teens who did not go through the program. Of the remaining funds, $10 million was allocated for Personal Responsibility Education Innovative Strategies (PREIS), which represent innovative approaches and promising models to prevent teen pregnancy. In addition, $3.5 was designated for Indian tribes and tribal organizations, and $6.5 was allocated for research, training and technical assistance.2,4,5

PREP & TPPI in Illinois

The state of Illinois received a total of $5.4 million in TPPI grants, $2.2 million in PREP grants, and $556,000 in PREIS grants.3 Chicago Public Schools (CPS) and Children’s Home & Aid Society of Illinois received funding from the “Tier 1” TPPI funds (Figure 1), meaning both recipients will implement evidence-based programs.3 No programs in Illinois received funding from “Tier 2” TPPI funds. The Illinois Department of Health and Human services received $2.2 million from the PREP state grant funds.3 They have
issued an announcement regarding available PREP funds, but sub-grantees, have not yet been determined. Demoiselle 2 Femme, a nonprofit serving young women and girls on Chicago’s South Side, received $555,701 from PREIS, a subset of PREP.

**Funding for Chicago Programs**

Chicago Public Schools (CPS) is implementing the Teen Outreach Program with 9th grade students in 40 Chicago high schools. Teen Outreach Program is a school-based curriculum that aims to reduce rates of school suspension, school failure, and teen pregnancy. The 9-month program addresses such topics as relationships, peer pressure, decision making, values clarification, goal-setting, adolescent development, and sexual health. Sex education materials constitute only 10 to 15 percent of the curriculum, which is combined with a mandatory community service component. Classroom-based discussions occur at least once a week throughout the academic year and aim to foster autonomy and good decision-making in students, as well as process student’s community-service experiences.

Children’s Home & Aid Society of Illinois is implementing the CAS—Carrera Adolescent Pregnancy Prevention Program via after-school programming at Benjamin E. Mays Elementary Academy, Charles W. Earle Elementary School, and Corpernicus Elementary School. The curriculum incorporates five main components: job club, academics, family life and sexual education, arts, and individual sports. General and mental health care are also included to bolster the program’s “holistic approach.”

Demoiselle 2 Femme (D2F), Illinois’ recipient of the PREIS grant, is implementing and evaluating an innovative pregnancy prevention program. This new program will utilize seven of the eight units in the evidence-based “Making a Difference!” program, combined with an original “3-D curriculum” created by D2F. D2F’s 3-D curriculum “challenges students to avoid sexual risk behaviors while also addressing at-risk behaviors of violence, alcohol, tobacco, and drug usage” and also addresses “self-esteem, decision-making, positive peer relationships, clothing, etiquette, and intimacy.” The curriculum includes interactive activities, small group discussions, and skill-building exercises such as role-play which are designed to increase comfort and efficacy with practicing abstinence. The project serves 800 African-American young women ages 14–18 in eight high schools located on the South Side of Chicago.

**Effectiveness of Chicago Programs**

Schools and teachers throughout Chicago and Illinois offer a wide range of sexual education programs, from nothing at all to comprehensive curricula like those described in the federal funding opportunities. A recent study found the majority of sex education curricula are selected based not on analysis of efficacy, but rather on a patchwork of “available curricular materials,” with varied content quality and teacher experience. For instance, 74% of Illinois sex education teachers use an abstinence-until-marriage curriculum, but 33% of these teachers supplement this material with other comprehensive sexual education topics.

In contrast to the majority of programs currently taught throughout Illinois, the federally-funded Teen Outreach Program and CAS—Carrera Adolescent Program were selected by Mathematica Policy Research, Inc. as evidence-based “Tier 1” programs. Both programs have undergone evaluations which suggest areas of successful intervention. The Coalition for Evidence-Based Policy has identified the CAS—Carrera program as one of two that is currently backed by strong evidence of a sustained effect on teen pregnancy; Teen Outreach Program was found to be backed by preliminary evidence showing a short-term effect on pregnancies.
However, analysis of the evaluation findings on these two programs reveals some gaps, particularly with regard to boys and young men, that may help inform policymakers and educators going forward. Because D2F’s original program has not yet been evaluated, it will not be included in this analysis.

The outcomes for the Carrera Adolescent Program (CAS) indicate that, overall, the program has been more successful for females than males. For all program participants, knowledge of sexual health rose by 22%, as compared with 11% in a control group that attended a general afterschool program without a sexual education component. Females in CAS had significantly higher rates of resisting sexual pressure, delaying first intercourse, and using a condom and other effective contraceptive method together at last intercourse than females in the control group. Males, on the other hand, did not see these results. However, all participants, males and females, “were more likely than controls to receive [good and comprehensive] health care,” including a health care visit somewhere other than an ER, receipt of a psychosocial assessment at their last doctor’s visit, a hepatitis B vaccination, and reproductive health care. At a three year follow-up, “females in the Children’s Aid Society—Carrera Program had significantly lower rates of pregnancy and births than did control females.”

Several studies and a report by Advocates for Youth on effective sexual education programs, suggest the Teen Outreach Program has shown success in reducing overall rates of teen pregnancy, course failure and school suspension in both males and females. However, the findings also hint that boys and young men may sometimes fall through the cracks. Allen, Philliber, Herrling and Kuperminc’s (1997) evaluation of the Teen Outreach Program indicated that it had positive effects on pregnancy rates, but due to the small number of males and male-reported responsibility for pregnancies, this program effect could only be reported for females. Additionally, the 5.3% of Teen Outreach Program students who dropped out of the study were more likely to be male, younger, and to have caused a prior pregnancy. Although a later study by Allen and Philliber (2001) found the program reduced pregnancy risk for both males and females, they too found that the 8.9% of students who did not complete the study were more likely to be male, younger, and to have caused a prior pregnancy. Lastly, as opposed to the CAS-Carrera Adolescent Program, the studies on the Teen Outreach Program did not conduct significant long-term follow-up, assessing students only at the end of the school year.

Addressing the Needs of Young Men

Analysis of CAS and Teen Outreach Program highlights a potential gap in federally-approved comprehensive sexual education programs: they may not influence the behavior and outcomes for boys in the same way they do for girls. Of the federal government’s “Tier 1” program list for TPPI funds, 25 of 31 have target populations that include both sexes. However, even those programs aimed at both sexes may still experience gender gaps; the Carrera Adolescent Program is included in the list of 25 but has thus far been found more effective with females than males. The implementation of sexual education programs with potential gender gaps in Chicago area schools and community-based centers raises the question: How else might we reach the boys who are unaffected by these programs in Chicago?

Innovative Programming

One possible solution to this problem is the implementation of innovative programming specifically targeting young men. Cupples, Zukoski, and Dierwechter’s research investigates the efficacy of the MARS (Male Advocates for Responsible Sexuality) pilot program in Oregon. “MARS is a community-based, peer-to-peer health promotion program that addresses reproductive sexual health behaviors among men ages 13 to 25.” The hallmark of this program is its use of male peer health educators to reach “niche” populations that are usually unaffected by traditional sexual health program, like “men, minorities, incarcerated adults, and MSM [men who have sex with men].” Their research analyzes the implementation of this pilot program, and therefore early positive findings are not conclusive; however, the MARS program is promising and represents a model for similar innovative programming to reach young men.

School-based Health Centers & Male Clinics

Another solution to reaching boys and young men may come in the form of school-based health centers and male clinics. The Patient Protection and Affordable Care Act allocates financial resources to support the expansion of school-based health centers; therefore, it may be feasible and efficient to reach young men through this medium. However, research indicates that young men under-utilize school-based health centers. This may be because young men do not receive “clear messages that their needs are important and they, themselves, are vital in efforts to promote reproductive health of both genders.” Therefore, the introduction of “Young Men’s Clinics,” similar to the model implemented in New
York City’s Washington Heights neighborhood, may positively impact both general and reproductive health care access for young men. In this setting, physicians have the opportunity to not only provide health care to young men, but also to “fill…important, health-related gaps in adolescent knowledge about sexuality.” As a result, there is a role for health service providers to play in providing direct care services through school-based health centers and young men’s clinics as well as by providing additional education to patients regarding sexual and reproductive health.

Early Childhood Interventions

Another possible solution to the current gaps in sexual education programs is further implementation of early childhood interventions. Allen, Philliber, Herrling and Kuperminc (1997) and Philliber, Williams Kaye, Herrling, and West (2002) both note that, to date, the most effective pregnancy prevention programs have been early childhood interventions—the Seattle Social Development Project, the Abecedarian Project, and the Perry Preschool Project. Additionally, Philliber, Kaye, Herrling, and West (2002) state in their evaluation of CAS that “the data suggest that reaching young men sooner may strengthen outcomes at earlier ages.”

Program researchers and evaluators themselves deem early childhood interventions incredibly effective. Kirby and colleagues (1994) also conclude that sexual education programs do have the ability to delay sexual debut, but that in order to do so, programs should be implemented at an earlier age. Therefore, earlier and age-appropriate intervention strategies may be an incredibly effective way to reach young men.

Conclusion

In addition to resulting in poor reproductive health outcomes, when current models of sexual education do not engage boys and young men it can send the message that pregnancy prevention and reproductive health are women’s responsibilities. Making more effort to reach young men will help them to “resist rigid masculinity norms” and evolve into active partners in contraceptive use and sexual health. If current sexual education structures are not meeting this need, educators and providers may need to use a “patchwork” approach in reaching young men, including innovative and experimental programming, school-based health centers and male clinics, and early childhood interventions.

References


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