September 29, 2017

The Honorable Thomas E. Price, M.D.
Secretary of Health and Human Services
Washington, D.C. 20201

Dear Secretary Price,

Family Watch International is a 501(c)(3) organization dedicated to promoting the family as the fundamental unit of society. We work in the U.S. and throughout the world to ensure the health and innocence of children.

We are writing to express our great concern regarding 18 school-based comprehensive sex education programs (CSE) currently designated by HHS as “programs with evidence of effectiveness in reducing teen pregnancy, sexually transmitted infections, and associated sexual risk behaviors” under the federal Teen Pregnancy Prevention (TPP) program. A recently released report titled, *Re-Examining the Evidence: School-Based Comprehensive Sex Education in the United States*, found that these programs have not demonstrated evidence of effectiveness at achieving these outcomes. Moreover, the evidence shows several of these CSE programs have actually done harm to students by increasing sexual risk-taking behaviors. A copy of this report is attached.

Therefore, we call upon HHS to immediately remove these programs from the list of “evidence-based” programs eligible for federal funding and to warn all school districts, especially those entities that have already received HHS grants to implement these programs, that they have produced more evidence of failure than success.

The *Institute for Research and Evaluation*, the organization we commissioned to conduct the in-depth analysis, has been evaluating sex education programs for over 25 years. They examined 60 of the best peer-reviewed studies of school-based comprehensive sex education in the United States that have been identified by three authoritative sources (the HHS Teen Pregnancy Prevention Evidence Review, the CDC and UNESCO).

Using recommended criteria derived from the field of prevention research—long-term effects on the most protective behavioral indicators for the main population targeted by the program (not just a subgroup), and based on the preponderance of research evidence—they found “there is no scientific justification for the designation of comprehensive sex education in U.S. schools as ‘evidence-based,’ nor for its broad dissemination in school settings.” Their report also states, “We found no evidence of effectiveness for school-based CSE at reducing teen pregnancy or STDs (rarely measured), or increasing teen abstinence or consistent condom use.”

More specifically they found, the pattern of evidence for the TPP programs within this database “was very similar to the overall results: a lack of evidence of effectiveness for school-based CSE programs.”

Here are some of the key findings for the 18 school-based CSE programs on the TPP list:

**REDUCING TEEN PREGNANCY:** None of the 18 school-based TPP CSE programs showed effectiveness. (One program found a short-term reduction, but a subsequent study found the program actually *increased* teen pregnancy rates.)
STD PREVENTION: None demonstrated a reduction in teen STDs. (None measured it.)

INCREASING TEEN ABSTINENCE: None showed effectiveness. (Two programs showed a positive 12-month increase, but these effects were not confirmed by 10 other studies of these two programs, one of which found a negative effect.)

CONSISTENT CONDOM USE: None showed effectiveness. (One program, in a study by its author, showed a positive 12-month increase, but a subsequent study by an independent evaluator found multiple negative program effects.)

FREQUENCY OF CONDOM USE (a less protective factor): Little evidence of success. Although two studies conducted by the program authors/developers reported sustained increases in frequency of condom use, these results have not been verified by independent replication studies.

CLAIMED DUAL BENEFIT OF CSE: 100% failure rate in achieving the claimed dual benefit of increasing teen abstinence and condom use within the same adolescent population. (The two programs that produced even short-term effects also produced negative effects on other important teen risk behaviors.)

NEGATIVE EFFECTS: Four of the 18 school-based TPP CSE programs were found to produce significant negative effects (i.e., increases in teen sexual initiation, recent sex, oral sex or pregnancy).

Hundreds of millions of tax dollars have been wasted promoting and funding these CSE programs even though research reveals they are at best ineffective. And it is deeply troubling that HHS has been recommending and funding programs that have been found by independent peer-reviewed studies to have actually done harm to their participants.

We applaud the initial actions your department has taken to curtail funding for these CSE programs initiated by the previous administration. However, it would be gross negligence for HHS to continue to fund or promote these failed programs, or to continue to list them under the TPP as “evidence-based” effective school-based programs eligible for federal grants.

Also, since schools have relied on these TPP programs due to the endorsement of HHS, we urge you to withdraw this endorsement and inform school districts throughout the U.S that new research has found these programs to be ineffective, and in some cases, even harmful. Specifically, schools should be informed of the four TPP-endorsed programs that have produced negative effects, namely, “CAS Carrera,” “Cuidate!,” “It’s Your Game,” and “Teen Outreach Program.”

We would welcome the opportunity to meet with you and your staff to discuss these and other problems related to CSE. A great deal is at stake including the sexual health and well-being of America’s teens.

Sincerely,

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cc: President Donald J. Trump
    Vice-President Mike Pence
    Speaker of the House Paul Ryan
    Senate Majority Leader Mitch McConnell
    House Appropriations Committee Chairman Rodney Frelinghuysen
    Senate Appropriations Committee Chairman Thad Cochran