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

Dear Secretary Price,

Our Institute has recently completed a report on sex education effectiveness in America's schools. The results call into question the "evidence-based" label applied to the federal *Teen Pregnancy Prevention* (*TPP*) programs. In this report, ***Re-Examining the Evidence: School-Based Comprehensive Sex Education in the United States***, we examined 60 peer reviewed studies of school-based comprehensive sex education (CSE) from three authoritative sources (the HHS *Teen Pregnancy Prevention* Evidence Review, the CDC, and UNESCO).

We assessed the study outcomes using criteria derived from the field of prevention research and more than 25 years evaluating school-based sex education. These criteria are: sustained results, on protective indicators, for the intended population, and based on the preponderance of evidence. Applying these criteria to studies by both independent evaluators (where available) and program developers, we 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."

Our review found no evidence of effectiveness for school-based CSE at reducing teen pregnancy or STDs, or increasing teen abstinence or consistent condom use. There was no evidence of success at achieving CSE's intended dual or "comprehensive" benefit—increasing both teen abstinence and condom use by sexually active teens within the same target population. And five of the school-based CSE programs produced negative results (increases in sexual risk behavior). The number of abstinence education studies was considerably smaller than CSE studies, but there were some promising results.

The pattern of evidence found for the subset of *TPP* programs was very similar to the overall results: a lack of evidence of effectiveness for school-based CSE programs. We observed that while the *TPP* Evidence Review places high priority on the quality of study ***methodology***, they employ far less rigorous standards for the study ***results*** they accept as indicators of program effectiveness. **Some *TPP* programs have been designated as "effective" based on one minimal positive impact, without producing sustained effects on important outcomes (e.g., abstinence or consistent condom use), and even ignoring overall evidence of ineffectiveness or negative impact.** When such results are evaluated by meaningful criteria, the "evidence of effectiveness" disappears.

We, therefore recommend that HHS establish more rigorous standards for the designation of *TPP* programs as "effective" or "evidence based," and that all programs on the *TPP* list be re-evaluated according to those criteria.

We have attached our report for your consideration.

Sincerely,

Stan E. Weed

Stan Weed, PhD
Director