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## **CDC Sex Ed Conclusions May Mislead Say Two Study Consultants in Minority Report**

*Concerns over methodological issues, unsupported conclusions, not addressed*

**SALT LAKE CITY, UT – November 6, 2009** – Two consultants on a newly released CDC study of sex education (Group-based Interventions to Prevent Adolescent Pregnancy, HIV, and Other STDs) have issued a dissenting opinion to the study’s Recommendation Statement, citing “serious limitations.”

“According to this minority report, the study recommendations may mislead policymakers by presenting conclusions that don’t match key study findings,” said Paul Birch, Director of the Institute for Research and Evaluation. “The report is important because it allows differing views on this research to be presented at a time when Congress is re-examining sex education policy.”

The CDC study, a meta-analysis of 83 studies of sex education programs in the U.S., concluded that comprehensive sex education (CSE) programs are generally effective in both community and school settings. However, according to Irene Ericksen and Danielle Ruedt, two members of the panel of consultants on this research, CSE programs in school settings did not demonstrate effectiveness on three critical outcomes—teen condom use, teen pregnancy, or the spread of STDs.

“The effectiveness of school-based programs is crucial since the school classroom is where most teens receive sex education,” said Ruedt, the Public Health Programs Coordinator for the Georgia Governor’s Office of Children and Families. “Yet the report’s conclusion that comprehensive sex education programs are generally effective in schools settings is contradicted by some of the data upon which the report is based.”

According to Ericksen, a research analyst with The Institute for Research & Evaluation in Salt Lake City, the study suffered from a fundamental research error: it combined widely divergent types of sex ed programs into a single analysis, and then attempted to draw across-the-board conclusions.

“The resulting internal inconsistency in the results indicates there are many types of CSE programs that don’t work, yet the study concludes that CSE programs are broadly effective. This, along with the lack of evidence for school-based programs, makes the study’s recommendations potentially misleading to policy-makers who want to implement evidence-based programs, especially in schools,” said Ericksen. “Unfortunately, the statistical evidence that demonstrates the above discrepancies was not released to the public along with the study’s Recommendation Statement.”

Other issues raised by Ericksen and Ruedt:

- The study concluded that CSE programs are generally effective at reducing STDs, yet the STD reduction claimed by the study appeared to be produced by just two programs operating in community health clinics. “This does not seem like adequate evidence upon which to base national policy about STD prevention,” said Ms. Ruedt.
- The study recommended CSE programs over abstinence education (AE) programs based on the assertion that CSE increases both rates of abstinence and rates of condom use for teens who do not abstain. However, the meta-analysis methodology was not able to test empirically whether the CSE strategy has been effective at achieving *both* of these outcomes *within* individual CSE programs. When the meta-analysis did a direct test of effectiveness between the AE and CSE strategies, it failed to demonstrate a difference for all but one outcome. Thus, the study did not produce statistical evidence that CSE programs offer a real advantage over effective AE programs.
- The study found a significant reduction in sexual activity by AE programs, with the majority—including several randomized control trial (RCT) studies—showing positive effects. But this was discounted in the Recommendations, based on a misplaced deference to certain RCT studies that showed no effects, but had important design problems, according to Ericksen and Ruedt.
- Finally, the study tested whether teens receiving abstinence education were *less likely* to use condoms if they became sexually active—a common criticism of abstinence education—and found no evidence that this was the case. But this important finding was not included in the Recommendation Statement.

Given the important nature of this topic and the items cited above, The Institute for Research & Evaluation respectfully requests that the CDC release the meta-analysis data so the public can examine the full body of evidence upon which the CDC’s Recommendations are based.

*For Ericksen and Ruedt’s complete minority report on the CDC study, go to [www.instituteresearch.com](http://www.instituteresearch.com).*

#### **About:**

**The Institute for Research and Evaluation (IRE)** is a nonprofit research organization that has gained national recognition for its work evaluating sex education programs, particularly abstinence education interventions. IRE has conducted program evaluations for Title V, CBAE, and Title XX projects in 30 states and three foreign countries, collected data from more than 500,000 teens, and produced over one hundred studies of abstinence education during its 20-year history. IRE is also currently evaluating comprehensive sex education programs in two states, has recently completed a nationwide evaluation of marriage enrichment (divorce prevention) programs, and has developed and evaluated prevention programs for Native Americans, as well as character education programs for elementary school children. IRE staff members have published several journal articles and frequently speak at professional conferences and workshops. Dr. Stan Weed, Founder and Senior Fellow at IRE, has served as a national consultant for Federal Title XX and CBAE projects, and was a charter member of the National Campaign to Prevent Teen Pregnancy. He has been invited to provide expert testimony to state legislative bodies, the U.S. Senate, the U.S. House of Representatives (April, 2008), and the White House (June, 2009). IRE is directed by Paul Birch, who has been with the Institute for eight years.

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