



ILLINOIS

In Fiscal Year 2010¹, the state of Illinois received:

- **Personal Responsibility Education Program funds totaling \$2,231,758**

In Fiscal Year 2010, local entities in Illinois received:

- **Teen Pregnancy Prevention Initiative funds totaling \$5,386,910**
- **Personal Responsibility Education Innovative Strategies funds totaling \$555,701**

SEXUALITY EDUCATION LAW AND POLICY

The Illinois *Critical Health Problems and Comprehensive Health Education Act* states that the following topics must be addressed in all elementary and secondary schools:

- human ecology and health;
- human growth and development;
- the emotional, psychological, physiological, hygienic, and social responsibilities of family life, including sexual abstinence until marriage;
- prevention and control of disease; and
- the transmission and spread of AIDS.

Any school that teaches sexuality education must also emphasize that, “abstinence is the expected norm in that abstinence from sexual intercourse is the only protection that is 100% effective against unwanted teenage pregnancy, sexually transmitted diseases, and acquired immune deficiency syndrome when transmitted sexually.”² State law also mandates that schools teach “honor and respect for monogamous heterosexual marriage.”³

All courses that discuss sexual intercourse are to address “the hazards of sexual intercourse...the latest medical information citing the failure and success rates of condoms,” and include “explanations of when it is unlawful for males to have sexual relations with females under the age of 18.”⁴ Course material must also include information regarding responsible parenting, the availability of confidential adoption services, and the procedure for anonymously relinquishing a newborn infant to law enforcement agencies or hospitals.

Illinois law also provides guidelines for family life education courses. These courses are “designed to promote wholesome and comprehensive understanding of the emotional, psychological, physiological, hygienic, and social responsibility aspects of family life,” and therefore, according to the law, “will include teaching alternatives to abortion, appropriate to the various grade levels.”⁵

The Illinois Superintendent of Education must prepare the course of instruction for family life education, make it available to schools districts, and “develop a procedure for evaluating and

measuring the effectiveness of the family life courses of instruction in each local school district, including the setting of reasonable goals for reduced sexual activity, sexually transmitted diseases and premarital pregnancy.”⁶

Parents or guardians may remove their children from any or all sexuality education, family life programs, and/or STD/HIV programs. This is referred to as an “opt-out” policy.

See 105 Illinois Compiled Statutes §§ 110/2 and 110/3, 5/27-9.1–9.2, and 27-11; and 325 Illinois Compiled Statutes § 2/.

RECENT LEGISLATION

Personal Responsibility Education Program Act Introduced

Senate Bill 1619 was introduced in February 2011. Known as the *Illinois Personal Responsibility Education Program (Illinois-PREP) Act*, the bill would have amended state law to require sex education offered in public schools to include instruction on contraception, and removed provisions from the law requiring instruction to teach abstinence until marriage. The bill passed out of the Senate Public Health Committee with amendments but failed a vote by the full Senate. The measure was brought back for consideration as an amendment to House Bill 3027. The revised measure would require school districts that offer sex education in grades six through 12 to provide instruction that is medically accurate, developmentally and age-appropriate, and complete, and that stresses the benefits of abstinence while also teaching about contraception for the prevention of pregnancy and sexually transmitted diseases. The revised measure passed the Senate on May 25, 2011. It awaits concurrence by the House.

YOUTH SEXUAL HEALTH DATA

SIECUS has compiled the following data to provide an overview of adolescent sexual health in Illinois. The data collected represents the most current information available.

Illinois Youth Risk Behavior Survey (YRBS) Data⁷

- In 2009, 44% of female high school students and 52% of male high school students in Illinois reported ever having had sexual intercourse compared to 46% of female high school students and 46% of male high school students nationwide.
- In 2009, 4% of female high school students and 9% of male high school students in Illinois reported having had sexual intercourse before age 13 compared to 3% of female high school students and 8% of male high school students nationwide.
- In 2009, 11% of female high school students and 18% of male high school students in Illinois reported having had four or more lifetime sexual partners compared to 11% of female high school students and 16% of male high school students nationwide.
- In 2009, 35% of female high school students and 37% of male high school students in Illinois reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey) compared to 36% of female high school students and 33% of male high school students nationwide.

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- In 2009, among those high school students who reported being currently sexually active, 58% of females and 68% of males in Illinois reported having used condoms the last time they had sexual intercourse compared to 54% of females and 69% of males nationwide.
- In 2009, among those high school students who reported being currently sexually active, 22% of females and 20% of males in Illinois reported having used birth control pills the last time they had sexual intercourse compared to 23% of females and 16% of males nationwide.
- In 2009, among those high school students who reported being currently sexually active, 16% of females and 26% of males in Illinois reported having used alcohol or drugs the last time they had sexual intercourse compared to 17% of females and 26% of males nationwide.
- In 2009, 87% of high school students in Illinois reported having been taught about AIDS/HIV in school compared to 87% of high school students nationwide.

Chicago, Illinois

- In 2009, 45% of female high school students and 62% of male high school students in Chicago, Illinois reported ever having had sexual intercourse compared to 46% of female high school students and 46% of male high school students nationwide.
- In 2009, 5% of female high school students and 18% of male high school students in Chicago, Illinois reported having had sexual intercourse before age 13 compared to 3% of female high school students and 8% of male high school students nationwide.
- In 2009, 10% of female high school students and 29% of male high school students in Chicago, Illinois reported having had four or more lifetime sexual partners compared to 11% of female high school students and 16% of male high school students nationwide.
- In 2009, 36% of female high school students and 43% of male high school students in Chicago, Illinois reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey) compared to 36% of female high school students and 33% of male high school students nationwide.
- In 2009, among those high school students who reported being currently sexually active, 58% of females and 71% of males in Chicago, Illinois reported having used condoms the last time they had sexual intercourse compared to 54% of females and 69% of males nationwide.
- In 2009, among those high school students who reported being currently sexually active, 11% of females and 11% of males in Chicago, Illinois reported having used birth control pills the last time they had sexual intercourse compared to 23% of females and 16% of males nationwide.
- In 2009, among those high school students who reported being currently sexually active, 12% of females and 23% of males in Chicago, Illinois reported having used alcohol or drugs the last time they had sexual intercourse compared to 17% of females and 26% of males nationwide.

- In 2009, 84% of high school students in Chicago, Illinois reported having been taught about AIDS/HIV in school compared to 87% of high school students nationwide.

Illinois Teen Pregnancy, HIV/AIDS, and Sexually Transmitted Disease Data

Teen Pregnancy, Birth, and Abortion

- Illinois's teen birth rate currently ranks 31st in the United States, with a rate of 38.1 births per 1,000 young women ages 15–19 compared to the national rate of 38.1 births per 1,000.⁸ In 2008, there were a total of 16,840 live births reported to young women ages 15–19 in Illinois.⁹
- In 2005, Illinois's teen pregnancy rate ranked 22nd in the United States, with a rate of 67 pregnancies per 1,000 young women ages 15–19 compared to the national rate of 70 pregnancies per 1,000.¹⁰ There were a total of 29,650 pregnancies among young women ages 15–19 reported in 2005, the most recent year for which data are available, in Illinois.¹¹
- In 2005, Illinois's teen abortion rate ranked 14th in the United States, with a rate of 19 abortions per 1,000 young women ages 15–19 compared to the national rate of 19 abortions per 1,000.¹²

HIV and AIDS

- Illinois's AIDS rate ranks 18th in the United States, with a rate of 10.1 cases per 100,000 individuals compared to the national rate of 12.3 cases per 100,000.¹³
- Illinois ranks 9th in number of reported AIDS cases in the United States among all age groups. In 2008, there were a total of 1,305 new AIDS cases reported in Illinois.¹⁴
- Illinois's AIDS rate among young people ages 13–19 ranks 13rd in the United States, with a rate of 1.8 cases per 100,000 young people compared to the national rate of 1.8 cases per 100,000.¹⁵

Sexually Transmitted Diseases

- Illinois ranks 13th in reported cases of Chlamydia among young people ages 15–19 in the United States, with an infection rate of 22.56 cases per 1,000 compared to the national rate of 19.51 cases per 1,000. In 2008, there were a total of 20,998 cases of Chlamydia reported among young people ages 15–19 in Illinois.¹⁶
- Illinois ranks 8th in reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 6.79 cases per 1,000 compared to the national rate of 4.52 cases per 1,000. In 2008, there were a total of 6,321 cases of gonorrhea reported among young people ages 15–19 in Illinois.¹⁷
- Illinois ranks 16th in reported cases of primary and secondary syphilis among young people ages 15–19 in the United States, with an infection rate of 0.03 cases per 1,000 compared to the national rate of 0.04 cases per 1,000. In 2008, there were a total of 27 cases of syphilis reported among young people ages 15–19 in Illinois.¹⁸

FEDERAL FUNDING FOR SEX EDUCATION, TEEN PREGNANCY PREVENTION, AND ABSTINENCE-ONLY PROGRAMS

President's Teen Pregnancy Prevention Initiative

The President's Teen Pregnancy Prevention Initiative (TPPI) funds medically accurate and age-appropriate programs to reduce teen pregnancy. The U.S. Department of Health and Human Services, Office of Adolescent Health (OAH) administers the grant program, which totaled \$110 million in discretionary funding for Fiscal Year 2010. TPPI consists of two funding tiers that provide grants to local public and private entities. Tier 1 totals \$75 million and provides funding for the replication of evidence-based programs proven to prevent unintended teen pregnancy and address underlying behavioral risk factors. Tier 2 totals \$25 million and provides funding to develop and test additional models and innovative strategies. A portion of the Tier 2 funds, \$15.2 million, was allocated for research and demonstration grants to test innovative approaches, while the remaining funding, \$9.8 million, was allocated for grants to support communitywide initiatives. TPPI also dedicates \$4.5 million in funding to conduct evaluations of individual programs.

TPPI Tier 1: Evidence-Based Programs

The TPPI Tier 1 grant program supports the replication of evidence-based programs proven effective through rigorous evaluation to prevent unintended teen pregnancy, underlying behavioral risk factors, or other associated risk factors.

- Local organizations in Illinois received \$5,386,910 in TPPI Tier 1 funding for Fiscal Year 2010.
- There are two TPPI Tier 1 grantees in Illinois: Chicago Public Schools and Children's Home & Aid Society of Illinois.

Chicago Public Schools, \$3,943,607 (2010–2014)

Chicago Public Schools (CPS) is the third largest school district in the United States, with a total of 409,279 students attending 675 schools.¹⁹ Eighty-six percent of the district's students come from low-income families.

The school district's TPPI Tier 1 grant supports its "Chicago Teen Pregnancy Prevention Initiative," which provides programming to students in ninth grade. The overall goal of the program is to reduce teen pregnancy by improving the life skills, healthy behaviors, and community engagement of Chicago's youth. The intervention is implemented in 40 target schools and includes a condom availability initiative, a teen health hotline, community service programming, a youth advisory committee, and a social media campaign. CPS plans for its program to reach approximately 9,000 youth each year.²⁰

This program uses *Teen Outreach Program*, an evidence-based youth development program that engages young people in experiential learning activities in order to "prepare for successful adulthood and avoid problem behaviors."²¹ The program is designed for youth ages 12–17 and focuses on reducing rates of school failure, school suspension, and teen pregnancy. *TOP* consists of a nine-month curriculum that addresses such topics as relationships, peer pressure, decision making, values clarification, goal-setting, adolescent development, and sexual health.²² It also includes a 20-hour community service component that engages participants in activities to enhance knowledge and develop skills, including self-efficacy, communication, conflict-management, and self-regulation. *TOP* can be delivered as an in-school, after-school, or community-based program. An evaluation of the program published in *Child Development* found that young women, ages 15–19, who participated in *TOP* were significantly less likely to report a pregnancy during the program than participants in the control group.²³

Children's Home & Aid Society of Illinois, \$1,443,303 (2010–2014)

The Children's Home & Aid Society of Illinois is a social service agency that serves nearly 40,000 children and families suffering from poverty, abuse, and neglect throughout 40 Illinois counties. It provides counseling, foster care, and educational advocacy.²⁴

With its TPPI grant, the organization implements *Children's Aid Society – Carrera Adolescent Pregnancy Prevention Program*, an evidence-based positive youth development program designed for students in grades six through 12. The program consists of seven integrated components that can be delivered in an after-school or in-school setting over the course of a year. These units include Education, Job Club, Family Life and Sexuality Education, Mental Health, Medical and Dental Services, Self Expression, and Lifetime Individual Sports.²⁵ The program uses a positive youth development approach to increase developmental competency and identity formation among participants in order to encourage youth to avoid early parenthood and risky sexual behavior. *CAS – Carrera* runs six days a week throughout the academic year and also includes a summer program component.²⁶ An evaluation of the program published in *Perspectives on Sexual and Reproductive Health* found that at a three-year follow-up female participants were significantly less likely to report a pregnancy or report being sexually active than participants in the control group.²⁷

The Children's Home & Aid program targets primarily African-American youth in fourth through sixth grade. The organization delivers the curriculum during after-school programs at three elementary schools on Chicago's South Side: Benjamin E. Mays Elementary Academy, Charles W. Earle Elementary School, and Nicholas Copernicus Elementary School.²⁸ The program will serve approximately 180 youth each year.

TPPI Tier 2: Innovative Approaches

The TPPI Tier 2 grant program supports research and demonstration programs in order to develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy.

- There are no TPPI Tier 2 Innovative Approaches grantees in Illinois.

TPPI Tier 2: Communitywide Initiatives

The TPPI Tier 2 grant program also supports communitywide initiatives to reduce rates of teenage pregnancy and births in communities with the highest rates. The program awards grants to national organizations as well as state- and community-based organizations. Funded national partners provide training and technical assistance to local grantees. The Centers for Disease Control and Prevention (CDC) administer the grant program in partnership with OAH.

- There are no TPPI Tier 2 Communitywide Initiatives grantees in Illinois.

Personal Responsibility Education Program

The Personal Responsibility Education Program (PREP) totals \$75 million per year for Fiscal Years 2010–2014 and is the first-ever dedicated funding stream for more comprehensive approaches to sexuality education. The U.S. Department of Health and Human Services, Administration for Children and Families (ACF) administers the grant. PREP includes a \$55 million state-grant program, \$10 million to fund local entities through the Personal Responsibility Education Innovative Strategies (PREIS) Program, \$3.5 million for Indian tribes and tribal organizations, and \$6.5 million for evaluation, training, and technical assistance. Details on the state-grant program and PREIS are included below. At the time of publication, the funding for tribes and tribal organizations had not yet been awarded.

PREP State-Grant Program

The PREP state-grant program supports evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other sexually transmitted infections (STIs). The grant program totals \$55 million per year and allocates funding to individual states. The grant does not require states to provide matching

funds. Funded programs must discuss abstinence and contraception, and place substantial emphasis on both. Programs must also address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- The Illinois Department of Human Services received \$2,231,758 in federal PREP funds for Fiscal Year 2010.
- The department has issued an application announcement for available funds under the state's PREP grant program. At the time of publication, sub-grantees had not yet been determined.

The Illinois Department of Health and Human Services, Division of Community Health and Prevention implements the PREP state-grant program, which is called the "Illinois Teen Pregnancy Prevention Program." The purpose of the program is to "reduce first time teen pregnancy, sexually transmitted infections, and HIV/AIDS through a combination of education, service delivery and referrals" that are culturally, developmentally, and age-appropriate.²⁹ The program will serve youth ages 10–19 in counties throughout the state as well as in Chicago communities with the highest need. The department will award funding to local public and private entities to provide both school- and community-based programming. Sub-grantees will be required to select programs to implement from a list of evidence-based models approved by the department of health. Funded programs must be appropriate for the intended target population.³⁰ At the time at which SIECUS collected this information the details of the grant program had not yet been finalized.

Personal Responsibility Education Innovative Strategies (PREIS)

The PREIS Program supports research and demonstration programs to develop, replicate, refine, and test innovative models for preventing unintended teen pregnancy. ACF administers the grant program in collaboration with OAH and provides a total of \$10 million in funding directly to local public and private entities.

- There is one PREIS grantee in Illinois, Demoiselle 2 Femme, NFP, which received \$555,701 for Fiscal Year 2010.

Demoiselle 2 Femme, NFP, \$555,701 (2010–2014)

Demoiselle 2 Femme, NFP (D2F) is a community-based organization that provides "holistic services, education, instruction, and training to assist adolescent females in a successful transition to womanhood."³¹ The organization is an abstinence-only-until-marriage proponent and previously received funding from the federal Adolescent Family Life Act grant program and the Illinois Title V abstinence-only-until-marriage fund. The organization uses its PREIS grant to implement and evaluate a teen pregnancy-prevention model that combines its *3-D* curriculum with seven of the eight modules included in *Making a Difference!* The project serves 800 African-American young women ages 14–18 in eight high schools located on the south side of Chicago.

Making a Difference! is an evidence-based pregnancy-, STD-, and HIV-prevention education curriculum that emphasizes abstinence from sexual activity. Adapted from the evidence-based curriculum, *Be Proud! Be Responsible!*, *Making a Difference!* aims to increase participants' knowledge about HIV, STD, and pregnancy prevention as well as their confidence to negotiate sexual pressure and intention to abstain from sex. It is designed for use with African-American, Latino, and white adolescents ages 11–13 and can be implemented in school- or community-based settings. The curriculum includes interactive activities, small group discussions, and skill-building exercises, including role-plays, aimed to increase comfort and efficacy with practicing abstinence. An evaluation of the curriculum published in the *Journal of American Medical Association* found that at a three-month follow-up, participants in the program were less likely to report having had sexual intercourse in the three months prior than peers in the control group. Evaluation

results also showed that the program helped to delay sexual initiation among program participants who were sexually inexperienced.³²

The 3-D curriculum is a culturally competent and age-appropriate “holistic prevention education curriculum,” designed by D2F, that “challenges students to avoid sexual risk behaviors while also addressing the at-risk behaviors of violence, alcohol, tobacco and drug usage.”³³ The 3-D curriculum also addresses issues such as self-esteem, decision-making skills, positive peer relationships, clothing, etiquette, and intimacy.

Title V State Abstinence Education Grant Program

The Title V State Abstinence Education Grant Program (Title V Abstinence-Only Program) allocates \$50 million per year to states for Fiscal Years 2010–2014. ACF administers the grant program. The Title V Abstinence-Only Program requires states to provide three state-raised dollars or the equivalent in services for every four federal dollars received. The state match may be provided in part or in full by local groups. All programs funded by the Title V Abstinence-Only Program must promote abstinence from sexual activity as their exclusive purpose and may provide mentoring, counseling, and adult supervision toward this end. Programs must be medically accurate and age-appropriate and must ensure abstinence is an expected outcome.

- Illinois chose not to apply for Title V abstinence-only funds for Fiscal Year 2010.

Illinois TPPI, PREP, and Title V Abstinence-Only Funding in FY 2010

Grantee	Award	Fiscal Years
Teen Pregnancy Prevention Initiative (TPPI)		
<i>TPPI Tier 1: Replication of Evidence-Based Programs</i>		
Chicago Public Schools	\$3,943,607	2010–2014
Children’s Home & Aid Society of Illinois	\$1,443,303	2010–2014
TOTAL	\$5,386,810	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Illinois Department of Human Services (federal grant)	\$2,231,758	2010–2014
TOTAL	\$2,231,758	
<i>Personal Responsibility Education Innovative Strategies</i>		
Demoiselle 2 Femme, NFP	\$555,701	2010–2014
TOTAL	\$555,701	
GRAND TOTAL	\$8,174,269	2010

COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

*SIECUS has identified some examples of model programs, policies, and best practices being implemented in Illinois public schools that provide a more comprehensive approach to sex education for young people.*³⁴

Revised School District Policy

Chicago Public Schools Family Life and Comprehensive Sexual Health Education Policy

In August 2008, the Board of Education for the City of Chicago adopted the “Family Life and Comprehensive Sexual Health Education” policy. The policy amends the original one of the same name adopted in April of 2006 by incorporating additional education requirements and regulations for comprehensive sexual health education. The policy requires Chicago Public Schools to provide students in grades kindergarten through 12 with “family life and sexual health education” that is comprehensive, age-appropriate, and medically accurate.³⁵ In addition, the instruction must emphasize “abstinence as the expected norm and the only protection that is 100% effective against unintended pregnancy, sexually transmitted infections, and HIV when transmitted sexually,” and must “not exclude information required to provide instruction designed to promote a wholesome and comprehensive understanding of the emotional, psychological, physiological, hygienic and social responsibility aspects of family life.”³⁶ The policy specifies that family life and comprehensive health education address such topics as “sexual abstinence until marriage, informed decision-making, and the prevention and control of infection and disease.”

Instruction in grades five through 12 must include information on:

- pregnancy prevention “through the use of medically recommended contraceptives;”
- the transmission and prevention of sexually transmitted diseases (STDs) “through the use of medically recommended protective/barrier methods;”
- “the potential emotional and psychological consequences of preadolescent and adolescent sexual intercourse outside of marriage;”
- the consequences of unintended teen pregnancy
- the “financial responsibility owed to children born in and out of wedlock;”
- laws relating to having sex with a minor under the age of 18;
- how to respond appropriately to sexual harassment or assault;
- “responsible parenting;” and
- “respect for all persons.”³⁷

While family life and comprehensive sexual health education must be incorporated into each school’s curriculum or program of study, local schools have the authority to determine the courses and programs best suited to meet the requirement. All instruction must comply with Illinois state code and the *Illinois Family Life Guidelines*. Fifth grade students must receive a minimum of 10 lessons pertaining to family life and comprehensive sexual health over the course of the school year. Parents have the right to remove their child from instruction with written objection. Any outside presenter must first be approved by the Comprehensive Sexual Health Education Curriculum Committee.³⁸ The 2008 revision to the policy mandates that instruction regarding the use of contraceptives and barrier methods to prevent unintended pregnancy and STDs, including HIV, begin in fifth grade, which is one year earlier than the original policy had required.³⁹

Prior to 2006, Chicago Public Schools did not have a set policy in place to require comprehensive sexual health education in district schools. A community advocacy campaign led efforts to institute a sex education policy in the school district. Chicago youth led community efforts to garner support for the passage of a sex education policy; they organized rallies, collected petition signatures, spoke with decision makers, including the CEO of Chicago Public Schools, and testified in front of the school board in order

to highlight the need for comprehensive sexuality education in schools. At the same time, district staff were working to revise the health education guidelines. The combined efforts by both youth and adult stakeholders succeeded in affecting policy change at the school board level.⁴⁰

Comprehensive Sex Education Programs in Public Schools

Chicago Public Schools

The Chicago Public Schools' Family Life and AIDS Education (FLAE) program provides comprehensive sexuality education to students in grades kindergarten through 12. The program addresses “the psychosocial development of school-age children,” puberty, adolescent development, STD/HIV and pregnancy prevention, contraception, reporting child abuse, and domestic and teen dating violence among other topics discussed. The program complies with the school district’s policy on human sexuality education and aims to reduce the rates of unintended pregnancy, STDs, and HIV among students, and to help them make informed decisions about their reproductive and sexual health.⁴¹

FLAE uses *Reducing the Risk: Building Skills to Prevent Pregnancy, STD and HIV*, an evidence-based, sexuality education curriculum designed for classroom use with students in the ninth and tenth grades. It is appropriate for use with multi-ethnic populations.⁴² *Reducing the Risk* aims to reduce high-risk behaviors among participants and emphasizes strategies for abstaining from sex or practicing safer sex. The 16-lesson curriculum addresses both abstinence and contraception use and includes experiential activities that teach students to develop refusal, negotiation, and communication skills. An evaluation of the program published in *Family Planning Perspectives* found that it increased parent-child communication, especially among Latino youth, delayed the initiation of sexual intercourse, and reduced incidence of unprotected sex among lower-risk youth who participated in the program.⁴³

Chicago Public Schools also implements the “Chicago Teen Pregnancy Prevention Initiative,” which provides comprehensive sexual health programming to ninth grade students in schools across the district. (Please see the *TPPI Tier 1: Evidence-Based Programs* section above for more information on the initiative.)

We encourage you to submit any updated or additional information on comprehensive approaches to sex education being implemented in Illinois public schools for inclusion in future publications of the SIECUS State Profiles. Please visit SIECUS’ “Contact Us” webpage at www.siecus.org to share information. Select “state policy” as the subject heading.

POINTS OF CONTACT

Adolescent Health Contact⁴⁴

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PREP State-Grant Coordinator

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Administrator
Teen Pregnancy Prevention Program
Bureau of Community-Based and Primary Prevention
Division of Community Health and Prevention
Illinois Department of Human Services
535 West Jefferson, First Floor
Springfield, IL 62702
Phone: (217) 524-3603

ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

ACLU of Illinois
Chicago, IL
Phone: (312) 201-9740
www.aclu-il.org

Illinois Parent-Teacher Association
Springfield, IL
Phone: (800) 877-9617
www.illinoispta.org

AIDS Foundation of Chicago
Chicago, IL
Phone: (312) 922-2322
www.aidschicago.org

Illinois Planned Parenthood Council
Springfield, IL
Phone: (217) 544-2744
www.plannedparenthood.org/illinois

Center on Halsted
Chicago, IL
Phone: (773) 472-6469
www.centeronhalsted.org

Illinois Religious Coalition for
Reproductive Choice
Local Affiliate: Reverend Ed Searl
c/o Unitarian Universalist Church of Hinsdale
Hinsdale, IL
Phone: (630) 323-2885

Champaign-Urbana Health District
Champaign, IL
Phone: (217) 352-7961
www.cuphd.org

Mujeres Latinas en Accion
Chicago, IL
Phone: (773) 890-7676
www.mujereslatinasenaccion.org

Chicago Foundation for Women
Chicago, IL
Phone: (312) 577-2801
www.cfw.org

Planned Parenthood of Illinois
Chicago, IL
Phone: (312) 592-6800
www.plannedparenthood.org/illinois

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Illinois Caucus for Adolescent Health
Chicago, IL
Phone: (312) 427-4460
www.icaah.org

Rape Crisis Services
Urbana, IL
Phone: (217) 384-4462
www.awomansfund.org

Illinois Gender Advocates
Chicago, IL
(630) 219-0526
www.genderadvocates.org

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Eagle Forum of Illinois
Alton, IL
Phone: (618) 462-5415
www.eagleforum.org

Illinois Federation for Right to Life
Alton, IL
Phone: (618) 466-4122
www.ifrl.org

Illinois Family Institute
Carol Stream, IL
Phone: (708) 781-9328
www.illinoisfamily.org

MEDIA OUTLETS

Newspapers in Illinois⁴⁵

Belleville News-Democrat
Belleville, IL
Phone: (618) 239-2451
www.bnd.com

Chicago Sun-Times
Chicago, IL
Phone: (312) 321-2522
www.suntimes.com

Chicago Tribune
Chicago, IL
Phone: (312) 222-4411
www.tribune.com

Daily Herald
Arlington Heights, IL
Phone: (847) 427-4300
www.dailyherald.com

The Daily Journal
Kankakee, IL
Phone: (815) 937-3382
www.daily-journal.com

Hoy Chicago
Chicago, IL
Phone: (312) 527-8467
www.hoyinternet.com

Journal Star
Peoria, IL
Phone: (309) 686-3000
www.pjstar.com

Rockford Register Star
Rockford, IL
Phone: (815) 987-1374
www.rrstar.com

The State Journal-Register
Springfield, IL
Phone: (217) 788-1300
www.sj-r.com

Political Blogs in Illinois

Chicago Now
www.chicagonow.com/blogs/chicago-political-commentary

Illinois Democratic Network
www.illinoisdemnet.com

Illinois Policy Institute
www.illinoispolicy.org/blog

Prairie State Blue: Progressive Illinois Politics
www.prairiestateblue.com

Progress Illinois
www.progressillinois.com

¹ This refers to the federal government's fiscal year, which begins on October 1st and ends on September 30th. The fiscal year is designated by the calendar year in which it ends; for example, Fiscal Year 2010 began on October 1, 2009 and ended on September 30, 2010.

² Illinois Code 105 ILCS 5/27-9.1, Section (b),
<<http://www.ilga.gov/legislation/ilcs/ilcs4.asp?DocName=010500050HArt.+27&ActID=1005&ChapAct=105%26nbsp%3BILCS%26nbsp%3B5%2F&ChapterID=17&ChapterName=SCHOOLS&SectionID=49363&SeqStart=149700000&SeqEnd=156200000&ActName=School+Code.>>

³ Illinois Code 105 ILCS 5/27-9.1, Section 2,
<<http://www.ilga.gov/legislation/ilcs/ilcs4.asp?DocName=010500050HArt.+27&ActID=1005&ChapAct=105%26nbsp%3BILCS%26nbsp%3B5%2F&ChapterID=17&ChapterName=SCHOOLS&SectionID=49363&SeqStart=149700000&SeqEnd=156200000&ActName=School+Code.>>

⁴ 105 Ill. Comp. Stat. §§ 5/27-9.1(c)(5) and (7).

⁵ 105 Ill. Comp. Stat. § 5/27-9.2,
<<http://www.ilga.gov/legislation/ilcs/ilcs4.asp?DocName=010500050HArt.+27&ActID=1005&ChapAct=105%26nbsp%3BILCS%26nbsp%3B5%2F&ChapterID=17&ChapterName=SCHOOLS&SectionID=49363&SeqStart=149700000&SeqEnd=156200000&ActName=School+Code.>>

⁶ Ibid.

⁷ Danice K. Eaton, et. al., "Youth Risk Behavior Surveillance—United States, 2009," *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 59, no. SS-5 (4 June 2010): 98–109, accessed 4 June 2010,
<<http://www.cdc.gov/mmwr/pdf/ss/ss5905.pdf>>. Note: Chicago also participated in the 2009 YRBS.

⁸ "Births: Final Data for 2008," *National Vital Statistics Report*, vol. 59, (Atlanta, GA: Centers for Disease Control and Prevention, December 2010), accessed 29 June 2011, <http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_01.pdf>, Table 12.

⁹ "VitalStats: Birth Data Files by State, Age of Mother in Years, 2008," (Atlanta, GA: Centers for Disease Control and Prevention), accessed 30 June 2011, <http://www.cdc.gov/nchs/data_access/vitalstats/VitalStats_Births.htm>.

¹⁰ U.S. *Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.2.

¹¹ Ibid., Table 3.3.

¹² Ibid.

¹³ *HIV Surveillance Report, 2008*, (Atlanta, GA: Centers for Disease Control and Prevention, June 2010), accessed 28 June 2011,
<<http://www.cdc.gov/hiv/surveillance/resources/reports/2008report/pdf/2008SurveillanceReport.pdf>> Table 19.

¹⁴ Ibid.

¹⁵ Slide 18: "Rates of Diagnoses of AIDS Infection among Adolescents Aged 13–19 Years, 2009—40 States and 5 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention, July 2011), accessed 27 September 2011,
<<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.

¹⁶ "Wonder Database: Selected STDs by Age, Race/Ethnicity, and Gender, 1996–2008 Results," (Atlanta, GA: Centers for Disease Control and Prevention), 30 June 2009, accessed 5 March 2010, <<http://wonder.cdc.gov>>; see also Table 10: "Chlamydia: Reported Cases and Rates Per 100,000 Population by Age Group and Sex: United States, 2004–2008," *Sexually*

Transmitted Disease Surveillance 2008, (Atlanta, GA: Centers for Disease Control and Prevention, Division of STD Prevention, November 2009), accessed 5 March 2010, <<http://www.cdc.gov/std/stats08/surv2008-Complete.pdf>>, 95.

¹⁷ Ibid; see also Table 20: “Gonorrhea—Reported Cases and Rates per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, 106.

¹⁸ Ibid; see also Table 33: “Primary and Secondary Syphilis—Reported Cases and Rates per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, 121.

¹⁹ “Stats and Facts,” Chicago Public Schools, October 2009, accessed 1 June 2011, <http://www.cps.edu/About_CPS/At-a-glance/Pages/Stats_and_facts.aspx>.

²⁰ “Teenage Pregnancy Prevention: Summary of Funded Evidence-Based Programs for 2010,” U.S. Department of Health & Human Services, accessed 14 April 2011, <http://www.hhs.gov/ash/oah/prevention/grantees/models_2010_programs.html>.

²¹ Saras Chung and Annie Philipps, *Promoting Mental Health and Well-being in Adolescents: Recommendations for Wymantop’s Teen Outreach Program*, (Eureka, MO: Wymantop Teen Outreach Program, 2010), accessed 1 July 2011, <http://www.wymantop.org/pdfs/TOP_Positive_Well-Being.pdf>, 3.

²² Ibid, 9.

²³ “Pregnancy Prevention Intervention Implementation Report: Teen Outreach Program,” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed 1 July 2011, <http://www.hhs.gov/ash/oah/prevention/research/programs/teen_outreach_program.html>.

²⁴ “About Us,” Children’s Home & Aid Society of Illinois, accessed 1 July 2011, <<http://www.childrenshomeandaid.org/page.aspx?pid=199>>.

²⁵ “Our Program,” The Children’s Aid Society – Carrera Adolescent Pregnancy Prevention Program, accessed 1 July 2011, <<http://stopteenpregnancy.childrensaidsociety.org/our-program>>.

²⁶ Ibid.

²⁷ “Pregnancy Prevention Intervention Implementation Report: Children’s Aid Society (CAS) – Carrera,” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed 1 July 2011, <http://www.hhs.gov/ash/oah/prevention/research/programs/cas_carrera.html>.

²⁸ “Carrera Adolescent Pregnancy Prevention Program,” Children’s Home & Aid Society, accessed 1 June 2011, <<http://www.childrenshomeandaid.org/page.aspx?pid=1016>>.

²⁹ “Teen Pregnancy Prevention Program – Primary,” Illinois Department of Human Services, accessed 5 September 2011, <<http://www.dhs.state.il.us/page.aspx?item=41569>>.

³⁰ Information provided by Kim Fornero, chief of the Community-Based and Primary Prevention Bureau for the Illinois Department of Human Services, 15 March 2011.

³¹ “Welcome to Demoiselle 2 Femme,” Demoiselle 2 Femme, NFP, accessed 5 September 2011, <<http://www.demoiselle2femme.org/>>.

³² “Making a Difference!” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 1 July 2011, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=127&PageTypeID=2>>.

³³ “3-D Curriculum,” Demoiselle 2 Femme, NFP, accessed 5 September 2011, <<http://www.demoiselle2femme.org/curriculum>>.

³⁴ This is by no means a complete list of all comprehensive programming and policies related to sexuality education, but rather some examples of best practices and model programs that SIECUS identified.

³⁵ Section 704.6 “Family Life and Comprehensive Sexual Health Education,” Chicago Public Schools Policy Manual, adopted 27 August 2008, accessed 24 May 2010, <<http://policy.cps.k12.il.us/documents/704.6.pdf>>.

³⁶ Ibid.

³⁷ Ibid.

³⁸ Ibid.

³⁹ “The Chicago Public Schools’ Family Life and Comprehensive Sexual Health Education Policy,” Urban Initiative for Reproductive Health, *National Institute for Reproductive Health*, April 2010, accessed 24 May 2010, <<http://www.urbaninitiative.org/>>.

⁴⁰ Ibid.

⁴¹ Ibid.

⁴² *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections* (Washington, DC: Advocates for Youth, 2008), accessed 30 March 2010, <<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>>, 22.

⁴³ Ibid., 23–24.

⁴⁴ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

⁴⁵ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.