



TRAILHEAD INSTITUTE

Summary

Anti-Oppressive Recommendations for Colorado's 2023 State of Adolescent Sexual Health Report

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A Tool for Systemic Transformation

The [2023 State of Adolescent Sexual Health \(SASH\) Report](#) is a tool for all partners working in youth sexual health education to shift the culture of comprehensive sex education and achieve systemic change within Colorado's youth sexual health field.

Developed using an anti-oppressive process that engaged community members with lived experience, the 2023 SASH report identifies the roles that the education system, governmental agencies, community-based organizations, funding and philanthropy and those working with data play in the youth sexual health field and presents an accountable path forward for transforming young people's experiences with sexual health through clear, anti-oppressive action.

Building from Principles to Action

Over a six month period, Trailhead's [Youth Sexual Health Program Board](#) developed a robust set of sector-specific recommendations and action steps to improve sexual health in Colorado. These recommendations offer a starting point towards affecting systems-level change within the youth sexual health field.

As organizations take action upon the anti-oppressive recommendations, partners should embrace the core boundaries and liberating practices from the 2023 SASH report in their work plans as strategies for how they will plan and implement immediate and future action. This involves evaluating how youth will be involved across initiatives; assessing who is most impacted by systems of oppression and intentionally engaging these communities to prioritize their needs; and exploring how organizational power and influence will be used to ensure that youth sexual health education is grounded in inclusion, accessibility, pleasure, and joy.

A brief overview of the core boundaries and liberating practices are included below, and they can be explored in further depth on the [SASH report website](#).

Core Boundaries for Youth Sexual Health Education

Four foundational principles, defined as [core boundaries](#), were honored throughout all aspects of the Youth Sexual Health Program Board's work in the development of the 2023 SASH report. These core boundaries create a foundation for youth sexual health education that is **inclusive and intersectional, pleasure-based, aware of oppression, and accessible for all**. For systemic transformation to be effective, it is imperative that all engagement, action, and envisioning within the youth sexual health field embody these principles to be not only anti-oppressive, but liberating. These core boundaries include:

1. Intersectionality is necessary to understand the way different identities are impacted by systems of oppression.
2. Pleasure-based sex education is required.
3. Different forms of oppression (isms) must be defined and connected to our existing sex education system.
4. Equitable access to sex education for everyone across the whole spectrum of humans is a necessity.

Liberating Practices for Youth Sexual Health Education

Moving from a foundation that honors intersectionality, pleasure and joy, awareness of oppression, and ensuring accessibility of sex education, the [liberating practices](#) present enduring approaches for advancing the field of youth sexual health. These practices include:

1. Centering youth voice
2. Practicing authentic community engagement
3. Sharing power

These liberating practices begin to imagine new possibilities for the sexual health field that are centered in pleasure, sex positivity, and joy by engaging with young people to understand and address their needs; valuing the spectrum of lived experiences through collaboration; and redistributing power and decision-making.

Taking Action Through Anti-Oppressive Recommendations

There are five sectors identified in the anti-oppressive recommendations developed by the Youth Sexual Health Program Board. Each sector is defined by the role it plays in sexual health and [systems of oppression \(isms\)](#) that impact each sector are identified to begin building awareness for the roles that these isms play in impacting sexual health and sex education.

These anti-oppressive recommendations are a starting point for partners across sectors to convene conversations to learn from one another, build awareness for anti-oppressive initiatives happening within the youth sexual health field, discuss opportunities for collaboration, and engage in action planning. We invite you to explore the sector-specific recommendations below.

Culture Shift

The following isms impact the policies, practices, and norms that create the United States culture: *adultism, classism, capitalism, colonialism, racism, patriarchy, heterosexism, transphobia, religionism, and ableism*. This is not an exhaustive list. Visit the [isms blog series](#) to learn more.

Role in Sexual Health:

Society and culture shape the way people learn and express their sexuality. The United States context focuses largely on risk reduction (i.e., avoiding unintended pregnancy and sexually transmitted diseases), while overlooking critical topics like relationship building skills, healthy relationships, and content related to sexual pleasure. This is especially true for LGBTQ youth and youth of color, who are largely left out of existing sex education.

Young people deserve sex education that is relevant and useful to their lives. Talia Cardin, youth facilitator and co-leader of this project, summed it up stating, “I believe sex education is a vehicle for societal change, and an integral human right...Currently adults in positions of power are able to decide on our behalf what potentially life altering education and information we will engage with, without consulting us.”

We must do better.

Recommendations for Anti-Oppressive Action:

1. Sexual education should be an exploration and there should be a threshold of openness expected.
 - a. Make preparation inclusive of prevention:
 - i. Social emotional skills
 - ii. Relationship skills
 - iii. Consent
 - iv. Knowing your body/self
 - b. Front load pleasure.
 - i. Talk about pleasure before consent.
 - ii. Talk about masturbation before partnered sex.
 - c. Does liberatory sex education include porn, erotica, and sex work?
 - i. Reframe conversations about these things in a healthier way rather than punitively.
 1. Where do you find out if your porn is ethically sourced?
2. Rather than create a curriculum for everyone, create a curriculum for those most marginalized by existing oppressive systems. This will address the needs of all people.
 - a. Acknowledge people that have been harmed by sexual violence and support negative experiences with sex as well as support healing.
3. Hire and pay people with lived experience to lead conversations centering liberatory sex education.
4. Require law makers to go through sex education curriculum if they are going to make laws about it.
5. Require that town halls be led by community members who are affected by laws being put into place.

Education System

Colorado Department of Education (CDE)

The following isms impact the policies, practices, and norms of the Colorado Department of Education: *adultism, racism, patriarchy, heterosexism, transphobia, religionism, classism, capitalism, and ableism*. This is not an exhaustive list. Visit the [isms blog series](#) to learn more.

Role in Sexual Health:

As early as 1912, the National Education Association called for teacher training programs in sex education. The Chamberlain-Kain Act provided \$4 million during the 1919-1920 school year to train teachers about STIs and teach high school students. This was the first federally funded sex education initiative in the United States. Beginning in the 1950s, the American Medical Association in collaboration with public health officials advocated for more sex education in schools. In the 1960s, conservative and religious groups argued that teaching sex education in schools encouraged risky sexual behaviors and advocated for abstinence until marriage education. The 1980s saw the HIV/AIDS epidemic and another push for abstinence only education. Teen pregnancy prevention, like HIV/AIDS, further justified sex education as a disaster prevention response.

Controversy and differing opinions about appropriate sex education content to teach has been a central aspect of the story of sex education in the United States. This tension is exemplified today by the fact that the Colorado Department of Education (CDE) administers Title V State Abstinence Education funding, and the Colorado Department of Public Health and Environment administers Comprehensive Human Sexuality Education funding.

Youth Sexual Health Program Board members noted that the role of CDE should be one focused on comprehensively educating young people on sexual health, autonomy, and pleasure, as well as provide resources, rather than simply mitigating risk, or responding to “disasters”. For example, readings like *Pleasure Activism* by adrienne maree brown and *trauma informed practices*, as well as examples of how schools can meaningfully engage communities and specifically young people in decision making would support a more holistic view of young people.

Recommendations for Anti-Oppressive Action:

1. Require that sex education is a graduation requirement.
2. Require authentic, intentional, and accountable community engagement to ensure community is leading and determining solutions.
 - i. This includes, at minimum, funding community members for their time and expertise.
 - ii. Create a process to determine who the community is that needs to be centered.
 - iii. Intentionally build community within the school building first and then outwards.

3. Start following up the data collected with immediate action.
 - a. Acknowledge the history of oppression and its continued legacy, including agencies' role in upholding these oppressions. One practice that upholds the history of oppression is the collection of data to understand the problem and then not doing anything about the problem.
 - b. Be held accountable to community to address disparities that exist in data in terms of sexual health outcomes.
4. In partnership with higher education, create a sexual health certification program for teachers to ensure the same rigor as other topics taught.
 - a. Address the reality that Physical Education teachers are the de facto sex education teacher and often they are not trained or prepared to provide this education.
 - b. Require teachers to take sex education courses (include in PD's) prior to teaching and as continuing education requirements.
5. Require a school nurse who offers sexual health at every school.
 - a. This position should be full time and must have access to inclusive sexual health resources.

School Administrators

The following isms shape the role and decisions of School Administrators : *adulthoodism, racism, patriarchy, heterosexism, transphobia, classism, religionism, and ableism*. This is not an exhaustive list. Visit the [isms blog series](#) to learn more.

Role in Sexual Health:

In 1913, Chicago public schools became the first district in the nation to implement formal sex education programs. Ella Flagg Young, the superintendent of Chicago public schools, believed that teaching about sex would improve health and have positive “ethical effects”. Young received approval from her school board to host a series of lectures by physicians and at least 20,000 students participated. Schools had largely been silent on sexuality up until this point. The board rescinded its permission the following year after community members complained and fired Ella Flagg Young.

In 2019, John Douglas, the executive director of the Tri-County Health Department in Colorado, testified in support of the Comprehensive Human Sexuality Education grant program bill (HB 19-1032). In a recent Westword article (July 7, 2022), the decision to testify in support, in addition to COVID response restrictions, were cited as reasons for the dissolution of Tri-County Health Department. In 2020, Douglas County superintendent Corey Wise was fired by the school board. Wise claims the firing occurred because of his advocacy for students with disabilities, LGBTQ students, and students of color.

School and district administrators are charged with providing instructional leadership and developing, implementing, and evaluating district and school systems and policies. This means that school administrators play a critical role in sex education. For example, administrators determine whether it is offered, how it is offered, how it is communicated to parents, and how young people are included in decision making. And this role is vulnerable to the political whims making a collective approach critical.

Recommendations for Anti-Oppressive Action:

1. Create a culture supportive of trauma informed practices.
 - a. Require trauma informed training for all staff.
 - b. Create trauma centered accountability systems for schools and leadership.
 - c. Outline and address school and organizational policies that are not trauma informed (i.e., dress codes, discipline policies, restructuring or eliminating the use of resource officers, ensure protections for staff with marginalized identities, etc.).
 - d. Create designated mental health spaces/days.
 - e. Ensure that all teachers/school staff have the ability and skills to intervene when students are displaying toxic behaviors.
2. Require all schools to have gender-neutral bathrooms and locker rooms and fund necessary renovations.
3. Provide menstrual products free to all students and staff.
 - a. This includes providing menstrual items in the men's bathroom for transgender male and nonbinary or gender fluid students.
4. Advertise available sexual health resources to students regularly.
5. Offer parent nights to educate parents about content, resources, and how to answer student questions at home about sexual health subjects.
6. All schools must meaningfully engage youth in the development and revision of health curriculums.
7. Empower and support students to go to the school board and advocate for sex education needs.
8. Empower and encourage students to go to the administration to advocate for sex education needs.

Teachers

The following isms impact the role educators play in sex education: *adulthoodism*, *heterosexism*, *religionism*, and *patriarchy*. This is not an exhaustive list. Visit the [isms blog series](#) to learn more.

Role in Sexual Health:

Teachers play a critical role in young people's access or denial of sexual health education given the decentralized nature of schools. Teachers can be credible sources of information for students and their families. In Colorado the law states that if you offer sex education, then it must be comprehensive; however, the option to offer nothing to students is available. The Colorado Department of Education 2020 Health Standards describe what all students should know and prepares students to "apply knowledge and skills necessary to make personal decisions that promote healthy relationships and sexual and reproductive health." However, in Colorado health is not a graduation requirement.

AUL Denver, a trauma informed charter school within Denver Public Schools was highlighted on Colorado Public Radio for its exemplary work around comprehensive sex education. Here is what students had to say about their sex education teacher, Carlee Taga:

- 19-year-old Julissa Blancas described the ways in which becoming a peer sex educator and Taga's in-depth class helps kids talk openly and accurately by sharing, "I learned more and so like I have knowledge where I can tell my mom, some of the knowledge you gave me was true — and false," she exclaimed. "I'm open to talking about it with my mom but sometimes it can be really uncomfortable."
- In the article for Colorado Public Radio, Jenny Brundin writes, "In the six-week class, students learn about anatomy, birth control, Sexually Transmitted Infections (STIs), period cycles and pregnancy. Taga recalled shortly after the class studied ovulation and menstruation, a girl texted her later that day [sharing], "'Miss I think I just ovulated!' She's like, 'I was putting on my jeans and I felt the pinch, the ovulatory pinch!'" laughed Taga. Students also learn about consent and relationship dynamics. Consent is important to prevent sexual assault, but Taga says class discussions are also about being a good person, a good communicator, and a good sexual partner."

Al Vernacchio, a high school sexuality educator and national speaker, centers a sex positive education approach in his teaching that refutes the "disaster prevention" model of sex education. This approach centers helping students figure out what sex means to them, what skills are necessary to navigate healthy relationships, and if they choose, defining their sex lives.

Recommendations for Anti-Oppressive Action:

1. Elevate youth voice.
 - a. Expect teachers to respond to sex education questions in a trauma informed way regardless of whether they work in a trauma informed school.
 - b. Hold space for students to be around other students without adults. For example, utilize research periods to create a peer-to-peer space.
 - c. Make space for questions to be asked where adults are not going to ask probing questions.
 - i. Create an anonymous question page/box (virtual resources and paper as options).
 - d. Stop separating students out by gender when teaching sexual health education.
 - e. Guide students to resources.
 - i. For example, if a student approaches a teacher about a sexual health related issue and the teacher does not feel like they can help the student, then the teacher should be trained on existing resources and supports to share with students.

Students

The following isms create the structures, both formal and informal, that dictate how young people interact with their school: *adultism*, *racism*, *ableism*, *heterosexism*, and *patriarchy*. This is not an exhaustive list. Visit the [isms blog series](#) to learn more.

Role in Sexual Health:

The role of students in sexual health is both as a learner and as a leader. Student voice in the development of curriculum and content is imperative as is the creation of youth-led spaces, like peer leaders, to create trusted and safe spaces to learn about sexual health. The reality is that youth voice is largely excluded, ignored, or minimized.

Talia Cardin, youth activist, artist, and youth facilitator and co-leader of this project stated the following, “My participation and that of my peers in the creation of this report in itself models the reformation and ideal sexual health experience, where young people are regarded with dignity and respect, and have autonomy over our lives and education.”

AUL Denver, a trauma-informed charter school within Denver Public Schools implements a peer sex educator program that affords students the opportunity to be trained as sex educators and to support their peers in navigating sexual health questions in a safe and supportive environment. Students interview other students on health topics to understand the experiences of young people within their school. This model is something that could be replicated in other schools to fully support students. The following call to action and action steps hinge on teachers, administrators, and CDE making space and sharing power for these activities to occur.

Recommendations for Anti-Oppressive Action:

1. Create a list of school resources, including trusted adults, to give to students.
2. Allow young people to define terms like pleasure, joy, and love.
3. Engage in peer-to-peer education by creating and joining spaces for students to discuss sexual health and learn from one another.
4. Promote trauma informed school culture through interactions with peers.
5. Engage with sexual health education that centers intersectionality and honors lived experience.
6. Use calendar holidays (Valentine’s Day, Denim Day, Halloween) and school orientations (welcoming Freshmen, new students) as opportunities to educate peers about sexual health and related topics and set expectations for school culture.

School Nurses and School-Based Health Centers

The following isms impact the role school nurses play in sexual health for young people: *adultism, classism, capitalism, colonialism, ableism, racism, patriarchy, heterosexism, and transphobia*. This is not an exhaustive list. Visit the [isms blog series](#) to learn more.

Role in Sexual Health:

The first school-based health centers (SBHCs) emerged in the late 1960s and early 1970s and focused on family planning access, teen pregnancy prevention, and supports to adolescent parents. Initially just a few urban communities offered SBHCs until investment from the Robert Wood Johnson Foundation in the late 1980s through early 2000s and Medicaid expansions in the 1990s guaranteed health insurance coverage for low-income adolescent patients.

The [2020 Colorado Academic Health Standards](#) require schools to follow comprehensive health standards, which also includes sexual health standards, for all their health education programs. According to the Colorado Association for School-Based Health Care, “SBHCs can offer support to schools in delivering sexual health education in the classroom....much of this content is new to school health educators and the SBHC can provide support to them and role model by including these topics in the SBHCs education.” The National Association of School Nurses advocates for developmentally appropriate evidence-based sexual health education as a part of a comprehensive school health education program that is accessible to all students. School nurses can play a key role in providing comprehensive sex education in schools.

According to the Colorado Department of Education, [2022 Essential School Health Services Guidelines](#), school nurses can “participate in comprehensive health education program and school health policy development”, which specifically includes comprehensive human sexuality education. Youth Sexual Health Program Board members noted that School-Based Health Centers create a space and opportunity to offer reproductive services and affirming care for all students.

Recommendations for Anti-Oppressive Action:

1. Ensure professionals at school-based health clinics are trained in trauma informed practices and honor intersectionality of patients.
2. Ensure that school nurses provide resources and access to condoms, birth control, etc.
3. Direct students to trauma informed resources if students have a need that school nurses cannot provide for, such as IUD, abortions, etc.
4. Develop a checklist of things that nurses and providers should understand and ensure training is offered with specific populations, particularly young people whose identities are made vulnerable by oppressive systems.
5. Expect that services and referrals offered are affirming and comprehensive (i.e., hormone replacement therapy, hysterectomy, bodily autonomy procedures, etc.)

State of Colorado

The following isms impact the policies, practices, and norms of the State of Colorado both at the institutional level and at the individual/program level: *patriarchy*, *racism*, *capitalism*, *heterosexism*, *transphobia*, *religionism*, *ableism*, and *adultism*. This is not an exhaustive list. Visit the [isms blog series](#) to learn more.

Role in Sexual Health:

The U.S. federal government does not have a direct role in sex education; however, federal agencies do influence education through their allocation of funding. From 1996 to 2010, over \$1.5 billion-dollars in federal funding was spent on abstinence-only programs. Despite evidence that shows abstinence-only programs are ineffective, \$50 million-dollars is still spent every year to fund abstinence-only education. Beginning in 2010, two federal funding sources were created to fund comprehensive sex education ([The Personal Responsibility Education Program](#) and The President's [Teen Pregnancy Prevention Initiative](#)). In addition to administering the above funding sources, beginning in 2019, Colorado passed legislation that created the first Comprehensive Human Sexuality Education grant program. The agendas of each of these funding sources competes for limited time across Colorado schools and creates a confusing and inconsistent message about sex education.

Like funding/philanthropy, the state holds power through its funding practices, hiring practices, and policy agendas. Colorado law around sex education is considered an “if/then” law meaning if you offer sex education, then it must be comprehensive. Therefore, you can offer nothing related to sex education and follow the law. This creates inconsistency in terms of what students can expect to learn based on where they live.

Recommendations for Anti-Oppressive Action:

1. The state should declare sexual assault an emergency.
 - a. Identify that there is a significant lack of funding to address this problem.
 - b. Acknowledge that sex education is a good band-aid to address sexual assault. (We know that sex education does not address or fix the root causes like capitalism, heteronormativity, racism, etc., and thus sex education can be used as a band aid for the root causes of sexual violence).
 - c. Increase funding and prioritization of sexual violence within state agencies and budgets.
2. Increase funding for issues related to sexual health, specifically: condoms, STI tests, qualified and well-trained health education teachers, menstruation products, etc.
3. Reallocate funding to communities that have limited access to resources. Certain rural areas do not have access to clinics because of funding and certain communities within larger cities have the same issue. It is necessary to distribute resources based on need.
 - a. This may include divesting resources from criminal justice (i.e., school safety resource officers, campus resource officers) and moving them to programs that support comprehensive sex education.

4. Require an authentic, intentional, and accountable community engagement process to ensure the community is leading and determining solutions, including any conversations related to funding.
 - a. Develop a community-led process to determine which communities most need resources.
 - b. Ensure transparency in the process and diversity in perspective, centering those who have the least access to sexual health resources.
5. Broaden trusted adult training to comprehensively address the full youth experience.
 - a. Examine what it means to be a “trusted adult” within sexual education and the complicated power dynamics.
 - b. Advocate for trusted adult trainings to be focused on building skills to have conversations about a variety of topics (mental health, drugs/alcohol, sex, etc.) rather than dictated by the outcome funding the training.
 - c. Support skill building for adults to learn how to build a positive relationship with students.
 - i. Social emotional development of young people.
6. Create and/or identify accessible and free content to support parents in teaching comprehensive sex education.
 - a. Create and/or identify videos that parents can watch with their children to support sex education learning.
 - b. Make these resources, like books and other educational tools, available on a public facing website.
7. Ensure that any curriculum endorsed by the state is reviewed by individuals with lived experience.
 - a. Pay individuals with lived experience in an equitable way to review sexual health curriculum.
 - b. Ensure curriculum is available on a public facing website.

Funders and Philanthropy

The following isms uphold the power structure within philanthropy: *capitalism, classism, racism, and patriarchy*. This is not an exhaustive list. Visit the [isms blog series](#) to learn more.

Role in Sexual Health:

Philanthropy has played a pivotal role in sex education. For example, in 1964, Dr. Mary Calderon founded [SIECUS \(Sexuality Information and Education Council of the United States\)](#) with seed money provided by Hugh Hefner and the Playboy Foundation. In Colorado in 2008, an anonymous donor provided \$28 million in funding to develop beforeplay.org – a campaign to normalize conversations around sex, expand family planning services, and provide access to long-acting reversible contraception as well as other sexual health resources. These are just a few examples of ways philanthropy has influenced sexual health and sex education. Despite this, according to the National Committee on Responsive Philanthropy from 2015-2019, \$195 million was allocated to sex education focused work, however only 22% of total funding was designated specifically for comprehensive sex education.

Additionally, it is critical for funders/philanthropy to recognize and acknowledge the power it holds through funding and how its practices perpetuate harmful and discriminatory practices and inequities. Often power remains concentrated in white leaders and institutions, without a critical examination of the ways white supremacy is practiced and maintained. Vu Le's excellent blog Nonprofit AF highlights the subtle ways that white supremacy manifest in nonprofit and philanthropy.

Recommendations for Anti-Oppressive Action:

1. Convene sexual health partners for the purpose of ensuring coordination across projects and sharing resources.
 - a. Identify gaps and work collaboratively to address them.
 - i. Center the experience of people made vulnerable by oppressive systems.
 - b. Address the need to be seen as an “expert” in the field.
 - i. Develop authentic relationships with the community.
 - ii. Address funding practices that create barriers for the community to access money.
 - iii. Address scarcity mindset created by competitive funding.
 - iv. Understand the disparities in services created by a white supremacist system, name them, and use your funding and power to take action that is accountable and led by the community.
 - c. Know your lane and be humble
 - i. Stop duplicating processes (landscape assessments, data collection, oh my...) and start funding community engagement and community-led work.

Data

The following isms dictate the value, collection, analysis, and investment of data: *adultism, racism, patriarchy, heterosexism, transphobia, classism, capitalism, colonialism, and ableism*. This is not an exhaustive list. Visit the [isms blog series](#) to learn more.

Role in Sexual Health:

Data exists within oppressive systems and operates to uphold those systems. Data is science and does not see people as humans, but as statistics and numbers to apply for grants. Data has limits and often closes off the opportunity for relationships. Sexual health data serves as a reference point to understand but there should be curiosity and intention to know more and learn. How much then should we rely on data to make decisions about funding, whose voice matters, and who gets to decide? What other options exist? What is the role of oral histories? How can you be anti-oppressive in your data practice?

Healthy Kids Colorado Survey (HKCS) is the primary surveillance tool used in Colorado to capture youth health behaviors. One Youth Sexual Health Board member noted that this survey often was triggering to the students at their school and there was no context or support provided to address the content of the survey and triggering nature of the questions. Further, teachers and students do not even see the results from this study. An alternative approach implemented at AUL Denver focuses on students interviewing other students on health topics.

Recommendations for Anti-Oppressive Action:

1. Within the SASH report, create an appendix that identifies the person who manages data at each system/agency and provides contact information.
2. Within your organization, identify what data you “value” and understand why.
 - a. Explore how oral histories and other forms of qualitative data could be used to tell additional stories.
3. Seek to make data more representative and collect data from historically underrepresented communities.
 - a. This may include using nontraditional forms of data collection like storytelling.

Community-Based Organizations

The following isms impact the role, policy advocacy, and practices of community-based organizations: *capitalism, classism, ableism, adultism, racism, patriarchy, heterosexism, and transphobia*. This is not an exhaustive list. Visit the [isms blog series](#) to learn more.

Role in Sexual Health:

Community advocacy and the creation of community-based organizations has always been an important part of sexual health and sex education. In 1916, Margaret Sanger, Ethel Byrn, and Fania Mindel opened the country's first birth control clinic in Brownsville, Brooklyn. Sanger went on to start what became Planned Parenthood. Sanger advocated for sex education and contraception at a time when it was considered obscene to talk about it and even criminalized in some places. Sanger advocated for birth control at all costs and aligned with thinking of the time related to the eugenics movement, which discouraged reproduction by people with mental or physical disabilities and later was used to justify sterilization, particularly among Black people. Sanger, like so many, has a complicated history and a messy life with regards to advancing women's liberation and racism and ableism.

Today community-based organizations continue to play important roles in sex education such as advocating for policy change locally and nationally, teaching sexual health education in schools, providing after school programming focused on sexual health, and many others.

Recommendations for Anti-Oppressive Action:

1. Ensure sex education includes how to navigate the healthcare system.
 - a. Advocate with curriculum developers and national partners (SIECUS and others) to include how to advocate with a doctor, teach how to say no, and learn that you can use discernment with what you are told by professionals.
2. Advocate for sex education within long-term care facilities (nursing homes, foster care, long-term psychiatric hospitals).
 - a. Acknowledge that there are lots of young people, particularly youth with disabilities, who end up in these systems.
3. Support and build capacity of young people to advocate for sex education within their communities (i.e., school boards, PTA, etc.)
 - a. Identify and fund youth engagement strategies that are youth led, to advocate for sex education.
4. Support coordination of sexual health services across the state. Work is too siloed, and coordination is not done in collaboration with the community.
 - a. Leverage the existing [Youth Sexual Health Alliance](#) space to more intentionally coordinate with organizations that serve communities that have been targeted by oppression.
 - b. Ensure community organizations are truly coordinating and not competing for funding. Develop accountability metrics to enhance coordination within the sexual health nonprofit field.

- i. Partner with funders to address gaps, incentivize partnerships, and change funding behaviors that create a scarcity mindset.
 - ii. Make it clear who does what and where resources are located.
 - iii. Partner with university community engagement offices, who have funding to support community-based organizations to support student services.
- c. Create a list of competent doctors who perform sexual health services.
- d. Enhance existing Alliance resource map to intentionally center communities that have been targeted by oppression. Use this to identify gaps and support community-led solutions to address gaps. This will require intentional community building.
 - i. Ensure that resources are accessible.
 - ii. Ensure that resources are quality for those made vulnerable by oppressive systems, which will benefit everyone.
 - iii. Assign responsibility for upkeep and accountability for the resource list.
 - iv. Develop a process to report a negative experience.

Moving Forward Together

The systemic change called for in the 2023 SASH report is possible when we move forward together. We invite you to join us in this work by contacting Trailhead's Youth Sexual Health Program team through the contact details shared below. We hope that through conversation and connection, we can evolve the delivery and impact of youth sexual health education in Colorado by learning and unlearning together; building awareness and collaboration among partners and across initiatives; and collectively embodying anti-oppressive practices that support all young people in leading happy and healthy lives.

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Learn and Take Action

www.sashcolorado.com

Learn About Trailhead's Youth Sexual Health Program

www.trailhead.institute/youth-sexual-health

And Look At You, You Have So Much Meaning

by Saber Ali, a student at AUL Denver

"You can love whoever you want to. Relationships aren't just about physical attraction, they are also about the connection between two people's souls."

