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| Stakeholder | Need | Requirement | Metric | Target Range | Rationale |
| Who... | Benefits from... | Within... | Evaluated by... | Within... | Because... |
| Reproductive Health Educators | Better student baseline knowledge | Provide comprehensive sex education to everyone. | Standardized test | > failure | They are able to teach to teach rather than fight fires |
| (Advocating Ally) | Less stigma | Normalize sexual health conversations outside the classroom | Sexual health news discussed in the media | 100% increase in mention counts | Able to more freely talk about the topics they teach and what their job is. |
| (Guiding Grace) | Awareness and utilization of resources | Platform and space for teaching | Average travel time to sexual health educator | <15 minutes | Number of people who visit the center and get to talk about sexual health would increase if wellness center was easier to get to. |
| (Engaging Emily) | Student engagement | Individual time with students, creating a personal bond. | More “Aha Moments”, and questions for teachers | All students ask questions during class and use what they learned | Students are understanding and retaining the information. |
|  | Resources Available | Sex-ed and sexual safety valued by society | People want to have this job when they grow up | Specific curriculum available at undergraduate schools | Educators should make enough money to live and sexual health educators should have a budget comparable to physical education for spending in order to be effective |
| Students | Comprehensive sexual health education | Provides education that is more than just STDs and consent given in schools now | Reduced Sexual Assault rate, unplanned pregnancies, and STIs/STDs. | 1% Sexual Assault and unplanned pregnancy rate for men and women, 1 in 10 people with STIs under 25. | Improves personal health and public health. Currently, about **20%** of women are raped in their lifetimes, and **1 in 2 people** 14-25 have contracted an STI. **50 percent** of all pregnancies in the United States are unplanned, and of these, **43 percent** will end in abortion. |
|  | Know where to get accurate information/ who to ask | Provide easy access to resources and educators | Number of people who talked to a sexual health educator last time they had a question | >50% | II |
|  | Equal access for all students | Funding and curriculum provided by government, not locally funded. | Demographics of people who get a license. | Demographics match the population in sex, education level, class, ability, race, etc. | Many systems benefit the privileged and hurt the less privileged. We want to make sure that we are not creating a law that further harms marginalized communities. |
| Government | Return on investment in education | Needs to save money in the long run | Less Sexual Assault cases | Decrease to 1% sexual assault rate | Annually, rape costs the U.S. more than any other crime ($127 billion), followed by assault ($93 billion), murder ($71 billion), and drunk driving, including fatalities ($61 billion) [(j)](https://www.nsvrc.org/statistics#footnote-j) |
|  | || | || | Less welfare needed for unplanned pregnancy and sexual assault | < $10 billion towards unplanned pregnancies, and the rest goes towards education | Unplanned pregnancies cost taxpayers $21 billion each year |
|  | Employment | Take actions that are safe (in terms of staying elected) | Well-liked policy | Reelected after implementing plan | Politicians only keep their job as long as people vote for them, so it’s essential that there policies, among other things, are well liked. Saving taxpayer money is a good way to secure more votes. |