

MICHIGAN

In Fiscal Year 2013,¹ the state of Michigan received:

- **Division of Adolescent and School Health funds totaling \$285,000**
- **Personal Responsibility Education Program funds totaling \$1,582,653**
- **Title V State Abstinence Education Program funds totaling \$1,566,217**

In Fiscal Year 2013, local entities in Michigan received:

- **Teen Pregnancy Prevention Initiative funds totaling \$1,570,837**
 - **Pregnancy Assistance Fund dollars totaling \$1,500,000**
- **Division of Adolescent and School Health funds totaling \$50,000**
- **Tribal Personal Responsibility Education Program funds totaling \$193,847**
- **Competitive Abstinence Education Grant Program funds totaling \$649,342**

SEXUALITY EDUCATION LAW AND POLICY

Michigan state law does not require schools to teach sexuality education; however, HIV/AIDS education is required. Schools may also offer sexuality education instruction, which may include information on family planning, family life education, and STD prevention. HIV and sexuality education must present abstinence as “a responsible method of preventing unwanted or out-of-wedlock pregnancy and sexually transmitted disease [STDs]” and as “a positive lifestyle for unmarried young people.”² Sexuality education classes must be offered as an elective and may not be required for graduation.

HIV/AIDS classes may be taught by health care professionals or teachers specifically trained in HIV/AIDS education, and sexuality education instruction must be provided by teachers qualified to teach health education. All instruction in reproductive health must be taught by qualified instructors and “supervised by a registered physician, a registered nurse, or other person certified by the state board as qualified.”³ Abortion “shall not be considered a method of family planning, nor shall abortion be taught as a method of reproductive health.”⁴ Further, no school official or school board member may dispense any family planning drug or device in school, nor may they make abortion referrals. Districts found in violation of this may face corrective actions, such as being forced to forfeit aid.

School boards must establish an advisory board to review all sexuality education materials and curricula. This advisory board must include parents, students, educators, clergy, and health professionals. Each school district must also appoint a sexuality education program supervisor; this person must be approved by the state. All curricula must be approved by the local school board and, if any changes are made, the local school board must hold at least two public hearings on the revisions.

Most Michigan public schools also follow guidelines from the Michigan Model for Health, formerly the Michigan Model for Comprehensive School Health Education, which promotes nationally recognized and research-based curricula, including curricula on HIV/AIDS prevention.

In addition, the Michigan Board of Education has adopted the Policy to Promote Health and Prevent Disease and Pregnancy, which states that sexuality education programs must be age-appropriate, developmentally and culturally appropriate, medically accurate, and based on effective programming.

Parents must receive notification of any sexuality education class and be allowed to review its content; and may remove their children from any part of the sexuality education instruction. This is referred to as an “opt-out” policy.

See Michigan Compiled Laws §§ 380.1169–.1170, 380.1506–.1507, and 388.1766–.1766a; Michigan Model for Health and Policy to Promote Health and Prevent Disease and Pregnancy.

2013 STATE LEGISLATIVE SESSION ACTIVITY

Requirement that Sex Education be Comprehensive

Senate Bill 371 and House Bill 4721 are identical bills that were introduced in May 2013. The bills require sex education courses be comprehensive, medically accurate, factual, age-appropriate and objective. If schools offer sex education courses, the school district must set up an advisory board to establish curriculum objectives, review materials, and hold public hearings. The bills also require that sex education teachers be properly trained and qualified. Abortion is prohibited from being taught as a method of family planning. Parents can excuse their children from instruction in sex education by notifying the school in writing. The bills carried over into the 2014 session.

YOUTH SEXUAL HEALTH DATA

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

Michigan Youth Risk Behavior Survey (YRBS) Data⁵

- In 2013, 35.8% of female high school students and 40.5% of male high school students in Michigan reported ever having had sexual intercourse, compared to 46% of female high school students and 47.5% of male high school students nationwide.
- In 2013, 1.3% of female high school students and 5.2% of male high school students in Michigan reported having had sexual intercourse before age 13, compared to 3.1% of female high school students and 8.3% of male high school students nationwide.
- In 2013, 26.8% of female high school students and 27% of male high school students in Michigan reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey), compared to 35.2% of female high school students and 32.7% of male high school students nationwide.
- In 2013, 11% of female high school students and 6.6% of male high school students in Michigan who dated or went out with someone during the 12 months before the survey reported experiencing physical dating violence one or more times during that time period (defined as being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with), compared to 13% of female high school students and 7.4% of male high school students nationwide.

Visit the Centers for Disease Control and Prevention's [Youth Online database](#) for additional information on youth risk behaviors in Michigan and the city of Detroit.

Michigan Teen Pregnancy, HIV/AIDS, and Other STD Data

Teen Pregnancy, Birth, and Abortion

- In 2010, Michigan's teen pregnancy rate ranked 31st in the United States, with a rate of 52 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 57 per 1,000.⁶ There were a total of 18,580 pregnancies among young women ages 15–19 reported in Michigan.⁷
- In 2012, Michigan's teen birth rate ranked 32nd in the United States, with a rate of 26.3 births per 1,000 young women ages 15–19, compared to the national rate of 29.4 per 1,000.⁸ In 2012, there were a total of 8,913 live births to young women ages 15–19 reported in Michigan.⁹
- In 2010, Michigan's teen abortion rate ranked 17th in the United States, with a rate of 14 abortions per 1,000 young women ages 15–19, compared to the national rate of 15 per 1,000.¹⁰ There were a total of 5,080 abortions among young women ages 15–19 reported in Michigan in 2010.¹¹

HIV and AIDS

- In 2011, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Michigan was 5.8 per 100,000, compared to the national rate of 7.6 per 100,000.¹²
- In 2011, the rate of AIDS diagnoses among adolescents ages 13–19 in Michigan was 1.4 per 100,000, compared to the national rate of 1.9 per 100,000.¹³
- In 2011, the rate of diagnoses of HIV infection among young adults ages 20–24 in Michigan was 26.5 per 100,000, compared to the national rate of 36.3 per 100,000.¹⁴
- In 2011, the rate of AIDS diagnoses among young adults ages 20–24 in Michigan was 6.9 per 100,000, compared to the national rate of 10.9 per 100,000.¹⁵

Sexually Transmitted Diseases

- In 2012, Michigan ranked 12th in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 2,362.5 cases per 100,000, compared to the national rate of 2,001.7 per 100,000. In 2012, there were a total of 16,895 cases of chlamydia among young people ages 15–19 reported in Michigan.¹⁶
- In 2012, Michigan ranked 12th in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 490.4 cases per 100,000, compared to the national rate of 376.8 per 100,000. In 2012, there were a total of 3,507 cases of gonorrhea among young people ages 15–19 reported in Michigan.¹⁷
- In 2012, Michigan ranked 29th in reported cases of primary and secondary syphilis among young people ages 15–19 in the United States, with an infection rate of 2.2 cases per 100,000, compared to the national rate of 4.1 per 100,000. In 2012, there were a total of 16 cases of syphilis among young people ages 15–19 reported in Michigan.¹⁸

FEDERAL FUNDING FOR SEX EDUCATION, TEEN PREGNANCY PREVENTION, AND ABSTINENCE-ONLY-UNTIL-MARRIAGE 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 \$105 million in discretionary funding for FY 2013. 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. OAH utilizes the remaining appropriated funds to provide program support, implementation evaluation, and technical assistance to grantees. TPPI also dedicates \$8.5 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 and minimize underlying behavioral risk factors or other associated risk factors.

- Local organizations in Michigan received \$1,570,837 in TPPI Tier 1 funding for FY 2013.
- There are two TPPI Tier 1 grantees in Michigan: Teen H.Y.P.E. Youth Development Program and the YMCA of Metropolitan Detroit.

Teen H.Y.P.E. Youth Development Program, \$588,981 (FY 2013)

The Teen H.Y.P.E. (Helping Youth by Providing Education) Youth Development Program is a minority-run and -directed nonprofit located in Detroit. Established in 2004, the organization serves Detroit-area youth in its mission to empower “urban youth to thrive while strengthening their communities.”¹⁹ Teen H.Y.P.E. runs a peer education program and offers educational, developmental, and service activities through theatre education, classroom instruction, and parent education workshops. Among its program goals, the organization “focuses on promoting abstinence in teens.”²⁰

Teen H.Y.P.E.'s TPPI Tier 1 program targets African-American youth. The overall goal of the program is to help Detroit youth develop the capacity and desire to avoid teen pregnancy. The program aims to reach approximately 60 youth annually using the Children's Aid Society—Carrera Adolescent Pregnancy Prevention Program (CAS—Carrera).

YMCA of Metropolitan Detroit, \$981,856 (FY 2013)

The YMCA of Metropolitan Detroit is an affiliate of the national YMCA, a nonprofit with a focus on community and social responsibility. Although the YMCA is inclusive of all faiths, its mission is “to put Christian principles into practice through programs that build a healthy spirit, mind and body for all.”²¹ The YMCA of Metropolitan Detroit previously received federal abstinence-only-until-marriage (AOUM) funding through the now-defunct Community-Based Abstinence Education (CBAE) grant program. The organization was awarded a \$600,000 five-year CBAE grant for FYs 2007–2012 and received \$1,770,994 in funding before the program was eliminated in 2010.

The YMCA of Metropolitan Detroit uses its TPPI Tier 1 funds in conjunction with its already-existing program, Sexual Wellness and Information for Teens, which serves young people ages 11–14 in Macomb, Oakland, and Wayne counties. The program aims to delay the onset of sexuality activity, increase abstinence from sexual activity, and reduce the rate of teen pregnancy, HIV/AIDS, and other STDs among youth.

The YMCA of Metropolitan Detroit offers the program during the school year at a total of 14 public, charter, and parochial schools throughout this tri-county area. The program also serves youth incarcerated at two detention centers. During the summer, the program is offered at YMCA branch locations and other youth-serving organizations. The Sexual Wellness and Information for Teens program uses *Making a Difference!* and aims to reach approximately 2,900 youth annually with the program.

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 Michigan.

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 Michigan.

Division of Adolescent and School Health

The Division of Adolescent and School Health (DASH), within the Centers for Disease Control and Prevention (CDC), provides funding to 17 state and 19 local education agencies to help districts and schools strengthen student health through exemplary sexual health education (ESHE) that emphasizes HIV and other STD prevention, increased access to key sexual health services (SHS), and establishing safe and supportive environments (SSE) for students and staff. In addition, DASH funds nine national non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- There was one DASH grantee in Michigan funded to strengthen student health through ESHE, SHS, and SSE in FY 2013, the Michigan Department of Education (\$220,000).

DASH also funds three local education agencies and one NGO to implement multiple program activities to meet the HIV/STD-prevention needs of young men who have sex with men (YMSM) and to develop strategic partnerships and collaborations between schools and community-based, mental health, and social services organizations to accomplish this work.

- There were no DASH grantees in Michigan funded to deliver YMSM programming in FY 2013.

DASH also provides funding for state, territorial, and local education agencies and state health agencies to establish and strengthen systematic procedures to collect and report Youth Risk Behavior Survey (YRBS) and School Health Profiles data for policy and program improvements.

- There are two DASH grantees in Michigan funded to collect and report YRBS and School Health Profiles data in FY 2013, the Michigan Department of Education (\$65,000) and the School District of the City of Detroit (\$50,000).

Pregnancy Assistance Fund

The Pregnancy Assistance Fund (PAF), administered by OAH, provides expecting and parenting teens, women, fathers, and their families with a network of support services. Established in FY 2010 through a 10-year authorization (FY 2010–FY 2019) in the Affordable Care Act (ACA), PAF is a \$25 million competitive grant program for state and tribal entities. PAF grants support programs that include at least one of the following four components: 1) support for expectant and parenting student services at institutions of higher education;

2) support for expectant and parenting teens, women, fathers, and their families at high schools and community centers; 3) improved services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking; and 4) increased public awareness and education services for expectant and parenting teens, women, fathers, and their families. Now in the second round of awards, PAF supports 17 entities in 14 states and three tribal entities, most of which focus their efforts on serving teen parents.

- There is one Pregnancy Assistance Fund grantee in Michigan, the Michigan Department of Community Health which received \$1,500,000 for FY 2013.

Michigan Department of Community Health, \$1,500,000 (FY 2013)

The Michigan Department of Community Health uses PAF to implement an evidence-based Adolescent Family Life Program in five target communities to engage expectant and parenting teens, young fathers, and their families in a system of care that includes linkages to support services to improve educational, health, and social outcomes for participants. MDCH partners with the Michigan Department of Education, Michigan Organization on Adolescent Sexual Health, and Michigan Public Health Institute to reach out to young people through their high schools and community settings.²²

Personal Responsibility Education Program

The Personal Responsibility Education Program (PREP) totals \$75 million per year for FYs 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, \$3.1 million for Tribal PREP, for tribes and tribal organizations, with remaining funds for evaluation, training, and technical assistance. In addition, provisions within the statute for PREP enable a competitive application process for community- and faith-based organizations within states and territories that do not directly seek PREP funding by the third year of the program; these competitive PREP (CPREP) grants were awarded to organizations in five states and three territories in FY 2013. Details on the state grant program, PREIS, Tribal PREP, and CPREP are included below.

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 STDs. 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 Michigan Department of Community Health received \$1,582,653 in federal PREP funds for FY 2013.
- The agency provides sub-grants to 10²³ local public and private entities.²⁴

The Michigan Department of Community Health, Division of Family and Community Health, implements the state PREP grant program through its Adolescent and School Health Unit. The program Taking Pride In Prevention (TPIP), provides funding to 10 local public and private entities to implement programming in both school- and community-based settings to young people ages 12–19.

Programming targets communities in one or more of Michigan’s three populations with greatest need: African-American youth, youth who reside in the city of Detroit, or youth who reside in one of the 12 other counties with more than 100 teen births.

Sub-grantees currently provide programming in the following counties: Berrien, Calhoun, Genesee, Ingham, Jackson, Kalamazoo, Kent, Muskegon, Saginaw, Washtenaw, and Wayne. TPIP-funded programs must implement one of the following evidence-based programs: *Be Proud! Be Responsible!*, *Becoming a Responsible Teen (BART)*, *Michigan Model for Health—Healthy and Responsible Relationships*, *Reducing the Risk, Safer Choices*, and *Teen Outreach Program (TOP)*. Programs must also address the following adulthood preparation topics: healthy relationships, adolescent development, and parent-child communication.²⁵

Personal Responsibility Education Innovative Strategies (PREIS)

PREIS 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 are no PREIS grantees in Michigan.

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of comprehensive teen pregnancy prevention programs within tribes and tribal communities. Tribal PREP programs target young people ages 10–19 who are in or are aging out of foster care, homeless youth, youth with HIV/AIDS, pregnant and/or parenting youth who are under 21 years of age, and youth who live in areas with high adolescent birth rates. Programs must 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.

- In FY 2013, 16 tribes and tribal organizations from nine states received a total of \$3.1 million.
- The Inter-Tribal Council of Michigan, Inc., received \$193,847 in Tribal PREP funds for FY 2013.²⁶

The Inter-Tribal Council of Michigan, Inc. administers Tribal PREP within five tribal communities: the Bay Mills Indian Community, the Keweenaw Bay Indian Community, the Little Traverse Bay Band of Odawa, the Match-E-Be-Nash-She-Wish (Gun Lake) Band of Potawatomi Indians, and the Nowataseppi Huron Band of Potawatomi. Programming takes place in the 15 counties that make up the combined service area of the participating tribes for American Indian adolescents, ages 11–18. Tribal PREP has a Project Advisory Team, consisting of the support coordinators of each tribal community, the Tribal PREP director, Healthy Start director, state PREP coordinator, tribal parents, and tribal youth. The Project Advisory Team objective is to increase and enhance the participation of youth, parents, and caregivers in an advisory role for the project. Programming consists of community-based implementation of the *Making Proud Choices!* curriculum and covers healthy relationships, parent/child communication, education completion, and employability/career success to meet the adult preparation subjects requirement.²⁷

Competitive Personal Responsibility Education Program (CPREP)

CPREP grants support evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other STDs. Organizations and institutions in states and territories that did not apply for PREP formula grants in either of the past two fiscal years were eligible to submit competitive applications for CPREP grants. Thirty-seven grants, totaling \$18.6 million, were awarded in FY 2013 to organizations in American Samoa, the Commonwealth of Northern Mariana Islands, Florida, Guam, Indiana, North Dakota, Texas, and Virginia.

- There are no CPREP grantees in Michigan.

Title V State Abstinence Education Grant Program

The Title V abstinence-only-until-marriage (Title V AOUM) program, administered by ACF, allocates \$50 million per year to states for FYs 2010–2014. ACF administers the grant program. The Title V AOUM 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 Title V AOUM 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.

- The Michigan Department of Community Health received \$1,566,217 in federal Title V AOUM funding for FY 2013.
- In Michigan, funds are sub-granted to nine²⁸ local public and private entities and used to support a statewide media campaign.²⁹
- The state match is provided through a combination of in-kind funds and direct revenue from sub-grantees (\$450,000), media (\$800,000), and state cash (\$33,699).

Michigan's FY 2012 Title V AOUM program renewed funding to the nine organizations that received Title V AOUM sub-grants for FY 2011. The Title V funds target youth ages 10–15 in Alcona, Alpena, Cheboygan, Huron, Ingham, Iosco, Jackson, Kent, Montmorency, Muskegon, Ogemaw, Oscoda, Presque Isle, Tuscola, and Wayne counties. A portion of the state's FY 2012 Title V AOUM award also supports a statewide media campaign that continues to broadcast Public Service Announcements developed with Title V funds in 2009, in addition to developing two new youth-focused PSAs. The sub-grantees provide programming in both school- and community-based settings, and their chosen curricula must be approved by Michigan Department of Community Health staff prior to implementation. Current curricula used are: *Abstinence Works*, *Botvin's Life Skills*, *Choosing the Best*, *Girls on the Run/Girls on Track*, *Healthy Choices/Healthy Relationships*, *Making a Difference!*, *Puberty: The Wonder Years*, *Relationships Under Construction*, *Sex Can Wait*, *SMART Moves*, and *WAIT (Why Am I Tempted?) Training*.³⁰

Competitive Abstinence Education Grant Program

Administered by the ACF, the Competitive Abstinence Education (CAE) grant program provides grants for "abstinence education" as defined by the A–H statute in Title V of the Social Security Act, as well as for mentoring, counseling, and adult supervision that promotes abstinence outside of marriage. As currently implemented by ACF, the programs must also be medically accurate. In FY 2013, \$4.3 million was granted through a competitive application process to 10 grantees across nine states, in addition to the nine grantees implementing the second year of their CAE awards in some overlapping and additional states, for a total of 19 CAE grantees in 14 states.

- There is one CAE grantee in Michigan, Bethany Christian Services, which received \$649,342 in FY 2013. At the time of publication, more information on this grantee was not available.

Michigan TPPI, DASH, PAF, PREP, Title V AOUM, and CAE Funding in FY 2013

Grantee	Award	Fiscal Years
Teen Pregnancy Prevention Initiative (TPPI)		
<i>TPPI Tier 1: Replication of Evidence-Based Programs</i>		
Teen H.Y.P.E. Youth Development Program	\$588,981	2010–2014
YMCA of Metropolitan Detroit	\$981,856	2010–2014
TOTAL	\$1,570,837	

M I C H I G A N

Grantee	Award	Fiscal Years
Division of Adolescent and School Health (DASH)		
Michigan Department of Education	\$285,000	2013-2017
School District of the City of Detroit	\$50,000	2013-2017
TOTAL	\$335,000	
Pregnancy Assistance Fund (PAF)		
Michigan Department of Community Health	\$1,500,000	2013
TOTAL	\$1,500,000	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Michigan Department of Community Health (federal grant)	\$1,582,653	2013
TOTAL	\$1,582,653	
<i>Tribal Personal Responsibility Education Program</i>		
Inter-Tribal Council of Michigan, Inc.	\$193,847	2010–2014
TOTAL	\$193,847	
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)		
Michigan Department of Community Health (federal grant)	\$1,566,217	2013
TOTAL	\$1,566,217	
Competitive Abstinence Education (CAE)		
Bethany Christian Services	\$649,342	2013
TOTAL	\$649,342	
GRAND TOTAL		
	\$7,397,896	2013

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¹ This refers to the federal government's fiscal year, which begins on October 1 and ends on September 30. The fiscal year is designated by the calendar year in which it ends; for example, FY 2013 began on October 1, 2012, and ended on September 30, 2013.

² Michigan Code 380.1507, Section (1), [http://www.legislature.mi.gov/\(S\(3nkwvt451srdxjydgnaa2buf\)\)/mileg.aspx?page=GetMCLDocument&objectname=mcl-380-1507](http://www.legislature.mi.gov/(S(3nkwvt451srdxjydgnaa2buf))/mileg.aspx?page=GetMCLDocument&objectname=mcl-380-1507).

³ Michigan Code 380.1506, Section (1), [http://www.legislature.mi.gov/\(S\(5mvli4nkjlpimtiru0umq4q5\)\)/mileg.aspx?page=getobject&objectname=mcl-380-1506](http://www.legislature.mi.gov/(S(5mvli4nkjlpimtiru0umq4q5))/mileg.aspx?page=getobject&objectname=mcl-380-1506).

⁴ Michigan Code 380.1507, Section (8), [http://www.legislature.mi.gov/\(S\(3nkwvt451srdxjydgnaa2buf\)\)/mileg.aspx?page=GetMCLDocument&objectname=mcl-380-1507](http://www.legislature.mi.gov/(S(3nkwvt451srdxjydgnaa2buf))/mileg.aspx?page=GetMCLDocument&objectname=mcl-380-1507).

⁵ Kann, Laura, et al., "Youth Risk Behavior Surveillance—United States, 2013," *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 63, no. 4 (June 13, 2014): accessed July 17, 2014, <http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf>. Note: Detroit also participated in the 2013 YRBS.

⁶ Kost, K., and S. Henshaw, *U.S. Teenage Pregnancies, Births, and Abortions, 2010: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), accessed July 8, 2014, <http://www.guttmacher.org/pubs/USTPtrends10.pdf>, Table 3.1.

⁷ Ibid., Table 3.2.

⁸ Martin, J.A., et al., *Births: Final Data for 2012*. National Vital Statistics Reports, Vol. 62, No. 9 (December 30, 2013), accessed July 30, 2014, http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf, Table 12.

⁹ Centers for Disease Control and Prevention, VitalStats Interactive Data Tables, Hyattsville, MD: National Center for Health Statistics, <http://www.cdc.gov/nchs/vitalstats.htm>.

¹⁰ Kost, K., and S. Henshaw, *U.S. Teenage Pregnancies, Births, and Abortions, 2010: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), accessed July 8, 2014, <http://www.guttmacher.org/pubs/USTPtrends10.pdf>, Table 3.1.

¹¹ Ibid., Table 3.2.

¹² Slide 9: "Rates of Diagnosis of HIV Infection among Adolescents Aged 13–19 Years, 2011—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

¹³ Slide 18: "Rates of Stage 3 (AIDS) Classifications among Adolescents Aged 13–19 Years with HIV Infection, 2011—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

¹⁴ Slide 10: "Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years, 2011—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

¹⁵ Slide 19: "Rates of Stage 3 (AIDS) Classifications among Adolescents Aged 20–24 Years with HIV Infection, 2011—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

¹⁶ NCHHSTP Atlas, "STD Surveillance Data." (Atlanta, GA: Centers for Disease Control and Prevention), accessed June 10, 2013, <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ “About Teen H.Y.P.E.,” Teen H.Y.P.E., accessed May 5, 2011, <http://teenhype.org/about.html>.

²⁰ “Teen HYPE sponsors 2nd annual Sleepout for The Homeless,” accessed May 5, 2011, <http://www.facebook.com/group.php?gid=7434555420>.

²¹ The YMCA, *About Us*, accessed May 5, 2011, <http://www.ymca.net/about-us>.

²² “Michigan Department of Community Health,” Office of Adolescent Health, U.S. Department of Health and Human Services, accessed September 23, 2014, <http://www.hhs.gov/ash/oah/grants/grantees/paf-mi.html>.

²³ Sub-grantees include: Alternatives for Girls (\$100,000), Calhoun County Public Health Department (\$100,000), Eaton ISD (\$100,000), Health Delivery (\$100,000), Henry Ford Health System (\$100,000), Jackson County Health Department (\$100,000), Oakwood-Taylor Teen Health Center (\$100,000), Planned Parenthood Mid and South Michigan (\$175,000), Planned Parenthood of West and Northern Michigan (\$175,000), Teen HYPE (\$100,000).

²⁴ Information provided by Kara Anderson, teen pregnancy prevention coordinator, Michigan Department of Community Health, June 27, 2014.

²⁵ Ibid.

²⁶ Information provided by Lisa Abramson, PREP program director, Inter-Tribal Council of Michigan, Inc., December 16, 2013.

²⁷ Ibid.

²⁸ Sub-grantees include: Catholic Charities West Michigan (\$100,000), District Health Department #2 (\$100,000), District Health Department #4 (\$100,000), Jackson County Health Department (\$100,000), South Side Community Coalition (\$100,000), St. John’s Community Health (\$100,000), The Yuinon (\$100,000), Tuscola County Health Department (\$100,000), Wedgwood Christian Services (\$100,000).

²⁹ The state declined to provide SIECUS with any information for FY 2013. Information provided is from FY 2012, by Robyn Corey, teen pregnancy prevention consultant, Michigan Department of Community Health, July 24, 2013.

³⁰ Ibid.

³¹ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.