

State Profiles **FISCAL YEAR 2017**

The complete FY 2017 State Profiles comprise individual state-specific documents along with four other accompanying documents. The Executive Summary details the current state of sexuality education across the country, highlighting trends observed over the past few decades. Additionally, it is critical to examine the information from each state within the larger context of the laws and federal funding streams across the country. Please reference the following documents to inform and contextualize broader sexuality education trends:

- [Executive Summary](#)
- [Federal Funding Overview](#) – compared to [Arizona's federal funding](#)
- [Sex/Sexuality and HIV and other STIs Education Laws by State](#) – compared to [Arizona's education laws](#)
- [Descriptions of Curricula and Programs across the United States](#)

ARIZONA

In Fiscal Year 2017,¹ the state of Arizona received:

- **Division of Adolescent and School Health funds totaling \$80,000**
- **Personal Responsibility Education Program funds totaling \$1,050,744**
- **Title V State Abstinence Education Program funds totaling \$1,756,349**

In Fiscal Year 2017, local entities in Arizona received:

- **Teen Pregnancy Prevention Program funds totaling \$3,153,323**
- **Sexual Risk Avoidance Education Program funds totaling \$545,993**

SEXUALITY EDUCATION LAW AND POLICY

STATE LAW

Arizona law does not require schools to teach sexuality education or education on human immunodeficiency virus (HIV). However, [Arizona Revised Statutes §§ 15-711, 15-716, and 15-102](#) state that if a school chooses to teach these topics, instruction must be age-appropriate, include instruction on the laws relating to sexual conduct with a minor (grades 7 through 12), and stress abstinence. Further, if a school chooses to teach HIV education, such instruction must be medically accurate but cannot promote a “homosexual lifestyle,” portray “homosexuality as a positive alternative lifestyle,” or “suggest that some methods of sex are safe methods of homosexual sex.”²

[Arizona Administrative Code R7-2-303](#) states that schools may “provide a specific elective lesson or lessons concerning sex education as a supplement to the health course of study.” Schools that choose to provide sex education must have the lessons approved by the school’s local governing board.³ All sex education materials and instruction that discuss sexual intercourse must:

- i) Stress that pupils should abstain from sexual intercourse until they are mature adults;
- ii) Emphasize that abstinence from sexual intercourse is the only method for avoiding pregnancy that is 100% effective;
- iii) Stress that sexually transmitted diseases (STDs) have severe consequences and constitute a serious and widespread public health problem;
- iv) Include a discussion of the possible emotional and psychological consequences of preadolescent and adolescent sexual intercourse and the consequences of preadolescent and adolescent pregnancy;
- v) Promote honor and respect for monogamous heterosexual marriage; and
- vi) Advise pupils of Arizona law pertaining to the financial responsibilities of parenting and legal liabilities related to sexual intercourse with a minor.⁴

In Arizona, parents or guardians may remove their children from sex education or HIV instruction. [This is referred to as an “opt-out” policy](#). If a school chooses to provide a supplemental sex education course, the state requires written consent from parents before students may attend. [This is referred to as an “opt-in” policy](#).

STATE STANDARDS

Arizona has [Health Education Standards](#) in place that provide a foundation for curricula in the state for grades K-12. Although concepts related to sexuality are not specifically mentioned in the standards, “disease prevention” is included.

STATE LEGISLATIVE ACTIVITY

SIECUS tracks all state legislative session activity in our state legislative reports. For more information on bills related to school-based sexuality education that were introduced or passed in 2016, please see the most recent analysis of state legislative activity, [SIECUS’ 2016 Sex Ed State Legislative Year-End Report: Top Topics and Takeaways](#).

YOUTH SEXUAL HEALTH DATA

Young people are more than their health behaviors and outcomes. For those wishing to support the sexual health and wellbeing of young people, it is important to utilize available data in a manner that tracks our progress and pushes policies forward while respecting and supporting the dignity of all young lives.

While data can be a powerful tool to demonstrate the sexuality education and sexual health care needs of young people, it is important to be mindful that these behaviors and outcomes are impacted by systemic inequities present in our society that affect an individual’s sexual health and wellbeing. That is, the context in which a young person’s health behavior and decision-making happens is not reflected in individual data points. Notably, one example demonstrating such inequities are the limitations as to how and what data are currently collected; please be mindful of populations who may not be included in surveys or who may be misrepresented by the data. The data categories and any associated language are taken directly from the respective surveys and are not a representation of SIECUS’ positions or values. For more information regarding SIECUS’ use of data, please read the FY 2017 Executive Summary, [A Portrait of Sexuality Education in the States](#).

ARIZONA YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA⁵

The following sexual health behavior and outcome data represent some of the most recent information available on the health of young people who attend high schools in Arizona. Though not perfect—for instance, using broad race and ethnicity categories can often distort and aggregate the experiences of a diverse group of respondents—the YRBS is a critical resource for understanding the health behaviors of young people when used carefully and with an awareness of its limitations. Any missing data points indicate either a lack of enough respondents for a subcategory or the state’s decision not to administer a question on the survey. SIECUS commends the Centers for Disease Control and Prevention (CDC) for conducting decades’ worth of field studies to improve the accuracy and relevancy of the YRBS. Like the CDC, SIECUS underlines that “school and community interventions should focus not only on behaviors but also on the determinants of those behaviors.”⁶

Reported ever having had sexual intercourse

- In 2015, 37.7% of female high school students and 41.2% of male high school students in Arizona reported ever having had sexual intercourse, compared to 39.2% of female high school students and 43.2% of male high school students nationwide
- In 2015, 55.1% of lesbian, gay, or bisexual (LGB) high school students, 36% of high school students who were unsure of their sexual orientation, and 37.9% of heterosexual high school students in Arizona reported ever having had sexual intercourse, compared to 50.8% of LGB high school students, 31.6% of high school students who were unsure of their sexual orientation, and 40.9% of heterosexual high school students nationwide.
- In 2015, 35% of American Indian/Alaska Native (AI/AN) high school students, 42.1% of Hispanic high school students, and 37.7% of white high school students in Arizona reported ever having had sexual intercourse, compared to 39.1% of AI/AN high school students, 42.5% of Hispanic high school students, and 39.9% of white high school students nationwide.

Reported having had sexual intercourse before age 13

- In 2015, 2.8% of female high school students and 3.5% of male high school students in Arizona reported having had sexual intercourse before age 13, compared to 2.2% of female high school students and 5.6% of male high school students nationwide.
- In 2015, 8.1% of LGB high school students, 3.3% of high school students who were unsure of their sexual orientation, and 2.7% of heterosexual high school students in Arizona reported having had sexual intercourse before age 13, compared to 7.3% of LGB high school students, 8.8% of high school students who were unsure of their sexual orientation, and 3.4% of heterosexual high school students nationwide.
- In 2015, 7.8% of AI/AN high school students, 4.2% of Hispanic high school students, and 1.7% of white high school students in Arizona reported having had sexual intercourse before

age 13, compared to 1.8% of AI/AN high school students, 5.0% of Hispanic high school students, and 2.5% of white high school students nationwide.

Reported being currently sexually active

- In 2015, 28.9% of female high school students and 29.1% of male high school students in Arizona reported being currently sexually active, compared to 29.8% of female high school students and 30.3% of male high school students nationwide.
- In 2015, 43.5% of LGB high school students, 17.4% of high school students who were unsure of their sexual orientation, and 27.8% of heterosexual high school students in Arizona reported being currently sexually active, compared to 35.1% of LGB high school students, 22.9% of high school students who were unsure of their sexual orientation, and 30.1% of heterosexual high school students nationwide.
- In 2015, 19.7% of AI/AN high school students, 32.4% of Hispanic high school students, and 28.2% of white high school students in Arizona reported being currently sexually active, compared to 31.5% of AI/AN high school students, 30.3% of Hispanic high school students, and 30.3% of white high school students nationwide.

Reported not using a condom during last sexual intercourse

- In 2015, 48.2% of female high school students and 41% of male high school students in Arizona reported not using a condom during their last sexual intercourse, compared to 48% of female high school students and 38.5% of male high school students nationwide.
- In 2015, 42.2% of LGB high school students and 44.3% of heterosexual high school students in Arizona reported not using a condom during their last sexual intercourse, compared to 52.5% of LGB high school students and 42.2% of heterosexual high school students nationwide.
- In 2015, 43.4% of Hispanic high school students and 48.2% of white high school students in Arizona reported not using a condom during their last sexual intercourse, compared to 44.4% of Hispanic high school students and 43.2% of white high school students nationwide.

Reported not using any method to prevent pregnancy during last sexual intercourse

- In 2015, 15.3% of female high school students and 14% of male high school students in Arizona reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 15.2% of female high school students and 12.2% of male high school students nationwide.
- In 2015, 27.9% of LGB high school students and 12.4% of heterosexual high school students in Arizona reported not using any method to prevent pregnancy during their last

sexual intercourse, compared to 26.4% of LGB high school students and 12.4% of heterosexual high school students nationwide.

- In 2015, 16% of Hispanic high school students and 11.8% of white high school students in Arizona reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 20.0% of Hispanic high school students and 10.4% of white high school students nationwide.

Reported having had drunk alcohol or used drugs during last sexual intercourse⁷

- In 2015, 25.3% of female high school students and 21.4% of male high school students in Arizona reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 16.4% of female high school students and 24.6% of male high school students nationwide.
- In 2015, 27.1% of LGB high school students and 22.3% of heterosexual high school students in Arizona reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 22.4% of LGB high school students and 20% of heterosexual high school students nationwide.
- In 2015, 22.8% of Hispanic high school students and 26.6% of white high school students in Arizona reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 22.8% of Hispanic high school students and 19.3% of white high school students nationwide.

Reported having been physically forced to have sexual intercourse

- In 2015, 11.9% of female high school students and 6% of male high school students in Arizona reported having been physically forced to have sexual intercourse, compared to 10.3% of female high school students and 3.1% of male high school students nationwide.
- In 2015, 22.4% of LGB high school students, 18.4% of high school students who were unsure of their sexual orientation, and 7.2% of heterosexual high school students in Arizona reported having been physically forced to have sexual intercourse, compared to 17.8% of LGB high school students, 12.6% of high school students who were unsure of their sexual orientation, and 5.4% of heterosexual high school students nationwide.
- In 2015, 1.6% of AI/AN high school students, 10.9% of Hispanic high school students, and 8% of white high school students in Arizona reported having been physically forced to have sexual intercourse, compared to 6.6% of AI/AN high school students, 7.0% of Hispanic high school students, and 6.0% of white high school students nationwide.

Visit the Centers for Disease Control and Prevention's (CDC) [Youth Online](#) database for additional information on sexual behaviors.

ARIZONA SCHOOL HEALTH PROFILES DATA⁸

In 2015, the CDC released the School Health Profiles, which measures school health policies and practices and highlights which health topics were taught in schools across the country. Since the data was collected from self-administered questionnaires completed by schools' principals and lead health education teachers, the CDC notes that one limitation of the School Health Profiles is bias toward the reporting of more positive policies and practices.⁹ In the School Health Profiles, the CDC identifies 16 sexual education topics that it believes are critical to a young person's sexual health. Below are key instruction highlights for secondary schools in Arizona as reported for the 2013–2014 school year.

16 CRITICAL SEXUAL EDUCATION TOPICS IDENTIFIED BY THE CDC

- 1) How to create and sustain healthy and respectful relationships
- 2) Influences of family, peers, media, technology, and other factors on sexual risk behavior
- 3) Benefits of being sexually abstinent
- 4) Efficacy of condoms
- 5) Importance of using condoms consistently and correctly
- 6) Importance of using a condom at the same time as another form of contraception to prevent both STDs and pregnancy
- 7) How to obtain condoms
- 8) How to correctly use a condom
- 9) Communication and negotiation skills
- 10) Goal-setting and decision-making skills
- 11) How HIV and other STDs are transmitted
- 12) Health consequences of HIV, other STDs, and pregnancy
- 13) Influencing and supporting others to avoid or reduce sexual risk behaviors
- 14) Importance of limiting the number of sexual partners
- 15) How to access valid and reliable information, products, and services related to HIV, STDs, and pregnancy
- 16) Preventive care that is necessary to maintain reproductive and sexual health.

Source: School Health Profiles, 2014

Reported teaching all 16 critical sexual health education topics

- 4.3% of Arizona secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 6, 7, or 8.¹⁰
- 21% of Arizona secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 9, 10, 11, or 12.¹¹

Reported teaching about the benefits of being sexually abstinent

- 23.3% of Arizona secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.¹²
- 56.1% of Arizona secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 9, 10, 11, or 12.¹³

Reported teaching how to access valid and reliable information, products, and services related to HIV, other sexually transmitted diseases (STDs), and pregnancy

- 19.7% of Arizona secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 6, 7, or 8.¹⁴
- 48% of Arizona secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 9, 10, 11, or 12.¹⁵

Reported teaching how to create and sustain healthy and respectful relationships

- 24.2% of Arizona secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 6, 7, or 8.¹⁶
- 56.2% of Arizona secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 9, 10, 11, or 12.¹⁷

Reported teaching about preventive care that is necessary to maintain reproductive and sexual health

- 14% of Arizona secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 6, 7, or 8.¹⁸
- 50% of Arizona secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 9, 10, 11, or 12.¹⁹

Reported teaching how to correctly use a condom

- 5.5% of Arizona secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.²⁰
- 26.2% of Arizona secondary schools taught students how to correctly use a condom in a required course in any of grades 9, 10, 11, or 12.²¹

Reported teaching about all seven contraceptives

- 16.7% of Arizona secondary schools taught students about all seven contraceptives—birth control pill, patch, ring, and shot; implants; intrauterine device; and emergency contraception—in a required course in any of grades 9, 10, 11, or 12.²²

Reported providing curricula or supplementary materials relevant to LGB, transgender, and questioning (LGBTQ) youth

- 11.1% of Arizona secondary schools provided students with curricula or supplementary materials that included HIV, STD, or pregnancy prevention information relevant to LGBTQ youth.²³

Visit the CDC's [School Health Profiles](#) report for additional information on school health policies and practices.

ARIZONA TEEN PREGNANCY, HIV/AIDS, AND OTHER STD DATA

The following data from the CDC and the Guttmacher Institute represent the most recent state-specific statistics documenting teen pregnancy, birth, abortion, HIV/AIDS, and other STDs. For those wishing to support the sexual health and wellbeing of young people, it is important to use the data to advance their access to comprehensive education, resources, and services. However, the data is not intended to be used in a manner that is stigmatizing or shaming: Young people have the right to make informed decisions about their health and wellbeing, but this right must be accompanied by the ability to access and understand all available choices. Therefore, the following data should be used to advance a young person's right to make informed decisions about their body and health.

Teen Pregnancy, Birth, and Abortion

- In 2013, Arizona had the 13th highest reported teen pregnancy rate in the United States, with a rate of 47 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 43 per 1,000.²⁴ There were a total of 10,300 pregnancies among young women ages 15–19 reported in Arizona in 2013.²⁵
- In 2015, Arizona had the 15th highest reported teen birth rate 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 22.3 per 1,000.²⁶ There were a total of 5,910 live births to young women ages 15–19 reported in Arizona in 2015.²⁷
- In 2013, Arizona had the 28th highest reported teen abortion rate²⁸ in the United States, with a rate of 7 abortions per 1,000 young women ages 15–19, compared to the national rate of 11 per 1,000.²⁹ There were a total of 1,480 abortions among young women ages 15–19 reported in Arizona in 2013.³⁰

HIV and AIDS

- In 2015, the reported rate of diagnoses of HIV infection among adolescents ages 13–19 in Arizona was 4.3 per 100,000, compared to the national rate of 5.8 per 100,000.³¹
- In 2015, the reported rate of AIDS diagnoses among adolescents ages 13–19 in Arizona was 0.3 per 100,000, compared to the national rate of 0.7 per 100,000.³²
- In 2015, the reported rate of diagnoses of HIV infection among young adults ages 20–24 in Arizona was 25.2 per 100,000, compared to the national rate of 31.1 per 100,000.³³
- In 2015, the reported rate of AIDS diagnoses among young adults ages 20–24 in Arizona was 4.1 per 100,000, compared to the national rate of 5.6 per 100,000.³⁴

STDs

- In 2015, Arizona had the 29th highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 1,689.2 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 7,680 cases of chlamydia among young people ages 15–19 reported in Arizona.³⁵
- In 2015, Arizona had the 26th highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 278.4 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 1,266 cases of gonorrhea among young people ages 15–19 reported in Arizona.³⁶
- In 2015, Arizona had the 13th highest rate of reported cases of primary and secondary syphilis among young people ages 15–19 in the United States, with an infection rate of 5.9 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 27 cases of syphilis reported among young people ages 15–19 in Arizona.³⁷

Visit the Office of Adolescent Health's (OAH) [Arizona Adolescent Health Facts](#) for additional information.

FEDERAL FUNDING FOR SEXUALITY EDUCATION, UNINTENDED TEEN PREGNANCY, HIV AND OTHER STD PREVENTION, AND ABSTINENCE-ONLY-UNTIL-MARRIAGE (AOUM) PROGRAMS

FISCAL YEAR 2017 FEDERAL FUNDING IN ARIZONA

Grantee	Award
Division of Adolescent and School Health (DASH)	
Arizona Department of Education	\$80,000
TOTAL	\$80,000
Teen Pregnancy Prevention Program (TPPP)	
TPPP Tier 1A	
Maricopa County Department of Public Health	\$749,999
TOTAL	\$749,999
TPPP Tier 1B	
Touchstone Behavioral Health	\$998,493
Child & Family Resources, Inc.	\$863,492
TOTAL	\$1,861,985
TPPP Tier 2B	
Child & Family Resources, Inc.	\$541,339
TOTAL	\$541,339

Personal Responsibility Education Program (PREP)	
PREP State-Grant Program	
Arizona Department of Health Services (federal grant)	\$1,050,744
TOTAL	\$1,050,744
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)	
Arizona Department of Health Services (federal grant)	\$1,756,349
TOTAL	\$1,756,349
Sexual Risk Avoidance Education Grant Program (SRAE)	
Arizona Youth Partnership	\$545,993
TOTAL	\$545,993
GRAND TOTAL	\$6,586,409

DIVISION OF ADOLESCENT AND SCHOOL HEALTH

The CDC's school-based HIV prevention efforts include funding and technical assistance to state and local education agencies through several funding streams to better student health, implement HIV/STD prevention programs, collect and report data on young people's risk behaviors, and expand capacity-building partnerships. In FY 2017, through the CDC's Division of Adolescent and School Health (DASH), 18 state education agencies and 17 school districts received funding to help the districts and schools strengthen student health through exemplary sexual health education (ESHE) that emphasizes HIV and other STD prevention, increases access to key sexual health services (SHS), and establishes safe and supportive environments (SSE) for students and staff. DASH funded six national, non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- In FY 2017, there were no DASH grantees in Arizona funded to strengthen student health through ESHE, SHS, and SSE (1308 Strategy 2).

In addition, DASH funds local education agencies and NGOs to implement multiple program activities to meet the HIV- and other 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.

- In FY 2017, there were no DASH grantees in Arizona funded to deliver YMSM programming (1308 Strategy 4).

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 YRBS and School Health Profiles data for policy and program improvements.

- In FY 2017, there was one DASH grantee in Arizona funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): The Arizona Department of Education (\$80,000).

TEEN PREGNANCY PREVENTION PROGRAM (TPPP)

The OAH, within the U.S. Department of Health and Human Services (HHS), administers TPPP, which funds evidence-based or innovative evidence-informed, medically accurate, and age-appropriate programs to reduce teen pregnancy. In FY 2017, total funding for TPPP was \$101 million, supporting 84 states, cities, non-profit organizations, school districts, universities, community-based organizations, and tribal organizations. These grantees were in year three of five 'TPPP funding tiers' five-year cooperative agreements in 33 states, the District of Columbia, and the Marshall Islands. In June 2017, however, 81 of the 84 grantees were notified, without cause or explanation, that their project periods were shortened to just three years, to end on June 30, 2018. Since the other three grantees are on a different grant cycle, they had not yet received notice on the status of their funding at the time of publication. OAH provides program support, implementation evaluation, and technical assistance to grantees and receives an additional \$6.8 million in funding for evaluation purposes. Below is information on the five TPPP funding tiers:

Tier 1A: Capacity building to support replication of evidence-based TPP programs.

- In FY 2017, there was one TPPP Tier 1A grantee in Arizona: Maricopa County (\$749,999).

MARICOPA COUNTY, \$749,999 (FY 2017)

The Maricopa County Department of Public Health is responsible for coordinating Maricopa County's TPPP Tier 1A grant program. The project aims to decrease the teen birth rate in Maricopa County by targeting capacity building assistance (CBA) to at least six youth-serving organizations annually and by establishing a community practice focused on teen pregnancy prevention. Programming will take place with organizations that serve young people ages 13-15 in areas of Maricopa County with the highest rates of or increases in teen births, or with particularly vulnerable populations, including young LGBTQ people and young Native Americans. Maricopa County plans to serve 4,500 young people per year.³⁸

Tier 1B: Replicating evidence-based TPP programs to scale in communities with the greatest need.

- In FY 2017, there were two TPPP Tier 1B grantees in Arizona: Child & Family Resources, Inc., (\$863,492) and Touchstone Behavioral Health (\$998,493).
- These local entities in Arizona received a total of \$1,861,985 in TPPP Tier 1B funding.

CHILD & FAMILY RESOURCES, INC., \$863,492 (FY 2017)

Child & Family Resources, Inc., is a private, community-based, nonprofit organization that provides social services for children, youth, and families throughout southern Arizona. Its mission is to "build strong communities where children can reach their full potential" by "using effective prevention and education strategies with families, teens, and early educators."³⁹ Among its youth programs, the organization provides sexual health education that "teaches teens about safe sex and how to make the best choices for themselves and their bodies."⁴⁰ With its TPPP Tier 1B funding, Child & Family Resources, Inc., partners with the Tucson Teen Pregnancy Prevention Coalition to implement evidence-based teen pregnancy prevention programming through the Mobilization for Positive Futures Project. The project targets young people ages 11–19 in the San Xavier and Tucson South communities—both subdivisions of Pima County where birth rates are especially high. The program uses [*Making a Difference!*](#), [*Reducing the Risk*](#), and [*Be Proud! Be Responsible! Be Protective!*](#) curricula. The program aims to reach 2,600 young people per year.⁴¹

TOUCHSTONE BEHAVIORAL HEALTH, \$998,493 (FY 2017)

Touchstone Behavioral Health is a non-profit organization whose mission is to “deliver the optimal continuum of health, education, and social services for Arizona children and families.”⁴² With its TPPP funding, Touchstone Behavioral Health seeks to “address the growing need for awareness and education on teen pregnancy and sexually transmitted infections (STIs) or [STDs]” by providing programming to young people ages 13–19 who live in the southwest Phoenix metropolitan area where the teen birth rate is 79.2 per 1,000.⁴³ Touchstone Behavioral Health and the Community Alliance for Resources and Education (CARE) Coalition, an advisory board whose goal is to improve adolescent health in the West Valley, also “facilitate a youth and community member/parent council in order to provide additional support, advocacy, and guidance on programming and services.”⁴⁴ Touchstone Behavioral Health plans to reach 2,500 young people and uses the [Making Proud Choices!](#) curriculum.⁴⁵

Tier 2A: Supporting and enabling early innovation to advance adolescent health and prevent teen pregnancy.

- In FY 2017, there were no TPPP Tier 2A grantees in Arizona.

Tier 2B: Rigorous evaluation of new or innovative approaches to prevent teen pregnancy.

- In FY 2017, there was one TPPP Tier 2B grantee in Arizona: Child & Family Resources, Inc. (\$541,339).

CHILD & FAMILY RESOURCES, INC., \$541,339 (FY 2017)

With its TPPP Tier 2B funding, Child & Family Resources, Inc., will rigorously evaluate *Guy Talk*, a school- and community-based prevention program that helps young men ages 14–16 build skills to “make good life choices and resist risky behaviors, including risky sexual behavior.”⁴⁶ *Guy Talk* includes units on “being a guy in today’s society, dealing with emotions, peer friendship and leadership, relationship management independence and responsible decision making, healthy sexuality, and life skills,” along with new online elements to promote condom access.⁴⁷ The program aims to reduce rates of partner pregnancy and reduce rates of STDs by promoting delay in sexual activity and self-efficacy.⁴⁸

Tier 2C: Effectiveness of TPP programs designed specifically for young males.

- In FY 2017, there were no TPPP Tier 2C grantees in Arizona.

PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)

The Family and Youth Services Bureau (FYSB), within the Administration for Children and Families (ACF) division of HHS, administers PREP, which was authorized for a total of \$75 million in FY 2017 for the state-grant program; local entities through the competitively awarded Personal Responsibility Education Innovative Strategies (PREIS) program; and the Tribal PREP, which funds tribes and tribal organizations. In addition, provisions within the PREP statute enable a competitive application process for community- and faith-based organizations within states and territories that do not directly seek PREP state grants to apply for funding through the Competitive Personal Responsibility Education Program (CPREP).

Similar to other programs highlighted in the State Profiles, the grants for the various PREP programs are awarded throughout the year, with several awarded in the final month of the fiscal year for use and implementation throughout the following year. SIECUS reports on funding amounts appropriated in FY 2017 and any programmatic activities that occurred during FY 2017, or October 1, 2016–September 30,

2017. It is important to remember, however, that reported programmatic activities for this period may have utilized FY 2016 funds. Details on the state grants, PREIS, Tribal PREP, and CPREP are included below. More information and clarification surrounding funding announcements are also included below, as well as in the FY 2017 Executive Summary, [A Portrait of Sexuality Education in the States](#).

PREP State-Grant Program

State-grant PREP supports evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV, and other STDs. In FY 2017, 44 states, the District of Columbia, the Federated States of Micronesia, Guam, Puerto Rico, the Republic of Palau, and the Virgin Islands received PREP state-grant 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.

- In FY 2017, the Arizona Department of Health Services received \$1,050,744 in federal PREP funds.⁴⁹
- The Department provides sub-grants to nine local public and private entities. The sub-grantee information is listed below.⁵⁰

Sub-grantee	Serving	Amount
Arizona Facts of Life	See narrative below	\$150,544
Arizona Youth Partnership	See narrative below	\$138,000
BJ Foundation	See narrative below	\$179,608
Mariposa Community Health Center	See narrative below	\$88,394
Pima Prevention Partnership	See narrative below	\$146,971
Teen Outreach Pregnancy Services	See narrative below	\$151,415
Tucson Urban League	See narrative below	\$77,763
University of Arizona Cooperative Extension-Maricopa	See narrative below	\$168,523
Yuma County	See narrative below	\$74,598

The Arizona Department of Health Services administers its PREP funds to nine entities that provide services in and out of school-based settings, in foster care group homes, and in community-based organizations in areas that are deemed at high-risk and/or in need of services. The sub-grantees target young people ages 11-19, “with a focus on Hispanics, Native Americans, and African Americans who have the highest birth rates in the state” across Gila, Maricopa, Pima, Santa Cruz, and Yuma counties, as well as the Gila River Indian Reservation and the Tohono O’odham Nation.⁵¹ The programing also focuses on pregnant and parenting young people, young people experiencing homelessness, and young people in foster care. The following adulthood preparation subjects are addressed: healthy relationships, healthy life skills, financial literacy, and/or educational and career success.⁵²

The following curricula is used by each of the sub-grantees: Arizona Facts of Life – [Teen Outreach Program \(TOP\)](#); Arizona Youth Partnerships – [Teen Outreach Program \(TOP\)](#); BJ Foundation – [Making Proud Choices!](#) and [Promoting Health Among Teens \(PHAT\)](#); Mariposa Community Health Center – [¡Cuidate!](#); Pima Prevention Partnerships – [Making Proud Choices!](#) and [Promoting Health Among Teens \(PHAT\)](#); Teen Outreach Pregnancy

Services – [*Be Proud! Be Responsible!*](#) and [*Be Proud! Be Responsible! Be Protective!*](#); Tucson Urban League – [*Teen Outreach Program \(TOP\)*](#); University of Arizona Cooperative Extension-Maricopa – [*Teen Outreach Program \(TOP\)*](#) and [*Promoting Health Among Teens \(PHAT\)*](#); and Yuma County – [*Teen Outreach Program \(TOP\)*](#).⁵³

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, HIV, and other STDs.

- In FY 2017, there were no PREIS grantees in Arizona.

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of pregnancy-, HIV-, and other STD-prevention programs among young people within tribes and tribal communities. Tribal PREP programs target young people ages 10–19 who are in or are aging out of foster care, young people experiencing homelessness, young people living with HIV, young people who live in areas with high rates of adolescent births, and young people under age 21 who are pregnant and/or parenting. In FY 2017, eight tribes and tribal organizations from seven states received a total of \$3,271,693.

- In FY 2017, there were no Tribal PREP grantees in Arizona.

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, and other STDs. Only organizations and institutions in states and territories that did not apply for PREP state grants are eligible to submit competitive applications for CPREP grants. In FY 2017, 21 CPREP grants, totaling \$10.2 million, were awarded to 21 organizations in Florida, Indiana, North Dakota, Texas, and Virginia, as well as in American Samoa, Guam, and the Northern Mariana Islands.

- In FY 2017, Arizona received PREP state-grant funding; therefore, entities in Arizona were not eligible for CPREP.

TITLE V “ABSTINENCE EDUCATION” STATE GRANT PROGRAM

The Title V “abstinence education” state grant program for AOUM programming, or the Title V AOUM program, is administered by FYSB, within ACF of HHS, and was authorized at \$75 million for FY 2017. 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 exclusively promote abstinence from sexual activity and may provide mentoring, counseling, and adult supervision toward this end.⁵⁴

- In FY 2017, the Arizona Department of Health Services received \$1,756,349 in federal Title V AOUM funding.⁵⁵
- According to its website, the department provides sub-grants to seven local public and private entities. The sub-grantee information is listed below.⁵⁶
- At the time of publication, additional information on Arizona’s match was unknown.

Sub-grantee	Serving	Amount
Arizona Youth Partnership	See narrative below	Not reported
Campasinos Sin Fronteras	See narrative below	Not reported
Catholic Charities of Maricopa County	Maricopa County	Not reported
Catholic Charities of Yavapai County	Yavapai County	Not reported
Pima Youth Partnership	Pima County	Not reported
University of Arizona Maricopa County Cooperative Extension Service	Maricopa County	Not reported
Yuma County Health Department	Yuma County	Not reported

The Arizona Department of Health Services administers the Title V grant funds in both school- and community- based settings. The program targets young people ages 12–18, parents, and other interested adults. Arizona’s Abstinence Education Program “promotes abstinence as a healthy choice and a positive lifestyle through implementation of programs designed to change the culture and individual behavior about out-of-wedlock sexual activity.”⁵⁷ In addition to school programming, the Department offers “talking to your child” programs to interested adults and involves the community in developing and implementing programs and activities that promote and support abstinence. Services are provided to the following counties: Apache, Gila, LaPaz, Maricopa, Navajo, Pima, Pinal, Santa Cruz, Yavapai, and Yuma.⁵⁸ The following curricula and supplemental curricula are used by sub-grantees: [Choosing the Best Series](#), [Promoting Health Among Teens! - Abstinence-Only](#), [Choosing the Best Series](#), [Teen Outreach Program \(TOP\)](#), [Peer Assisted Leadership \(PAL\)](#), [WAIT Training](#), [Active Parents of Teens](#), [Can We Talk, Let's Talk](#), and [Making a Difference!](#)

“SEXUAL RISK AVOIDANCE EDUCATION” (SRAE) GRANT PROGRAM

Administered by FYSB within ACF of HHS, the SRAE program—a rebranding of the competitive AOUM grant program—provides funding for public and private entities for programs that “teach young people to voluntarily refrain from non-marital sexual activity and prevent other youth risk behaviors.” These programs are also required by statute to “teach the benefits associated with self-regulation; success sequencing for poverty prevention; healthy relationships; goal setting and resisting sexual coercion; dating violence; and other youth risk behaviors, such as underage drinking or illicit drug use, without normalizing teen sexual activity.” In FY 2017, \$15 million was appropriated for the SRAE grant program, and \$13.5 million was awarded to 27 grantees in 14 states through a competitive application process.

- In FY 2017, there was one SRAE grantee in Arizona: Arizona Youth Partnership (\$545,993).⁵⁹

ARIZONA YOUTH PARTNERSHIP (AZYP), \$545,993 (FY 2017)

AZYP was founded in 1990 by, according to the AZYP website, “a group of concerned Pima County residents” who sought to expand services into rural areas of the county and has now expanded to serve the entire state. AZYP seeks to fight poverty and encourage youth and family self-sufficiency “through evidence-based prevention programs and community involvement.”⁶⁰ With its SRAE grant funds, AZYP will serve Latino and Native American young people in schools using [Choosing the Best Series](#) and [Making a Difference!](#) curricula.⁶¹ At the time of publication, additional information on AZYP’s use of SRAE grant funds was unknown.

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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 2017 began on October 1, 2016, and ended on September 30, 2017.

² Ariz. Rev. Stat. §§ 15-716(C)(1)–(3), www.azleg.state.az.us/ars/15/00716.htm.

³ Ariz. Admin. Code § R7-2-303, http://apps.azsos.gov/public_services/Title_07/7-02.pdf.

⁴ Ibid.

⁵ “Youth Online,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.

⁶ “Methodology of the Youth Risk Behavior Surveillance System – 2013,” pg. 17, Centers for Disease Control and Prevention, www.cdc.gov/mmwr/pdf/rr/rr6201.pdf.

⁷ It is critical to examine social determinants when analyzing potentially stigmatizing data. Accounting for differences in people’s lived experiences based on race, ethnicity, sexual orientation, socioeconomic status, etc., is a vital part of understanding the context in which the data exist. We encourage readers to exercise caution when using the data and warn readers against using the data in a manner that conflates correlation with causation. Please visit the FY 2017 Executive Summary, [A Portrait of Sexuality Education in the States](#), for more context.

⁸ “School Health Profiles 2014,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.

⁹ Ibid., pg. 51.

¹⁰ Ibid., Table 9c.

¹¹ Ibid., Table 11c.

¹² Ibid., Table 9a.

¹³ Ibid., Table 11a.

¹⁴ Ibid., Table 9a.

¹⁵ Ibid., Table 11a.

¹⁶ Ibid., Table 9b.

¹⁷ Ibid., Table 11b.

¹⁸ Ibid., Table 9b.

¹⁹ Ibid., Table 11b.

²⁰ Ibid., Table 9c.

²¹ Ibid., Table 11c.

²² Ibid., Table 13.

- ²³ Ibid., Table 39.
- ²⁴ Arpaia, A., Kost, K., and Maddow-Zimet, I., *Pregnancies, Births and Abortions Among Adolescents and Young Women in the United States, 2013: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2017), https://www.guttmacher.org/sites/default/files/report_downloads/us-adolescent-pregnancy-trends-2013_tables.pdf, Table 2.5.
- ²⁵ Ibid., Table 2.6.
- ²⁶ “Teen Birth Rate Comparison, 2015 Among Girls Age 15-19,” The National Campaign to Prevent Teen and Unplanned Pregnancy, <https://thenationalcampaign.org/data/compare/1701>.
- ²⁷ United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007-2015, on CDC WONDER Online Database, February 2017. Accessed at <http://wonder.cdc.gov/nativity-current.html>.
- ²⁸ “Abortion” used in this context refers to legally induced abortions. This rate does not include abortions that occur outside of health care facilities or are unreported. Unfortunately, there is no reliable source of information for actual rates of abortion.
- ²⁹ Arpaia, A., Kost, K., and Maddow-Zimet, I., *Pregnancies, Births and Abortions Among Adolescents and Young Women in the United States, 2013: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2017), https://www.guttmacher.org/sites/default/files/report_downloads/us-adolescent-pregnancy-trends-2013_tables.pdf, Table 2.5.
- ³⁰ Ibid., Table 2.6.
- ³¹ Slide 17: “Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.
- ³² Slide 20: “Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Adolescents Aged 13–19 Years, 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.
- ³³ Slide 18: “Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.
- ³⁴ Slide 21: “Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Young Adults Aged 20–24 Years, 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.
- ³⁵ NCHHSTP Atlas, “STD Surveillance Data” (Atlanta, GA: Centers for Disease Control and Prevention), <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.
- ³⁶ Ibid.
- ³⁷ Ibid.
- ³⁸ “Maricopa County,” Grantees (AZ) – TPP Tier 1A, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/1a/maricopa-county.html.
- ³⁹ “Our Mission,” Child & Family Resources, Inc., www.childfamilyresources.org/mission/.
- ⁴⁰ Ibid.
- ⁴¹ “Child & Family Resources, Inc.,” Grantees (AZ) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/1b/child-family-resources-inc.html.
- ⁴² Touchstone Health Services, “About Us,” <http://www.touchstonehs.org/about/>.
- ⁴³ “Touchstone Behavioral Health,” Grantees (AZ) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/1b/touchstone-behavioral-health.html.
- ⁴⁴ Ibid.
- ⁴⁵ Ibid.
- ⁴⁶ “Child & Family Resources, Inc.,” Grantees (AZ) – TPP Tier 2B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/2b/child-family-resources-inc.html.
- ⁴⁷ Ibid.
- ⁴⁸ Ibid.
- ⁴⁹ “2017 State Personal Responsibility Education Program (PREP) Awards,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/2017-state-prep-awards.
- ⁵⁰ Information provided by Angie Lorenzo, Teen Pregnancy Prevention Program Manager, Adolescent Health Coordinator, Arizona Department of Health Services, June 22, 2017.
- ⁵¹ Ibid.

⁵² Ibid.

⁵³ Ibid.

⁵⁴ 42 U.S.C. 710, Title V, Section 510 of the Social Security Act, the authorization for the Title V AOUM grant program, defines “abstinence education” as “an educational or motivational program which:

(A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;

(B) teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;

(C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;

(D) teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity;

(E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;

(F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child’s parents, and society;

(G) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and

(H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.”

www.ssa.gov/OP_Home/ssact/title05/0510.htm.

⁵⁵ “2017 Title V State Abstinence Education Program Grant Awards,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/2017-aegp-awards.

⁵⁶ “Teen Pregnancy Prevention – Abstinence Education,” Arizona Department of Health Services, www.azdhs.gov/prevention/womens-childrens-health/womens-health/index.php#teen-pregnancy-abstinence.

⁵⁷ Ibid.

⁵⁸ Ibid.

⁵⁹ “Sexual Risk Avoidance Education (SRAE) Grantees FY2017,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, <https://www.acf.hhs.gov/fysb/sexual-risk-avoidance-grantees-fy2017>.

⁶⁰ “About Us,” Arizona Youth Partnership, <http://azyp.org/index.php/about-us>.

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