

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

NORTH CAROLINA

In Fiscal Year 2017,¹ the state of North Carolina received:

- **Division of Adolescent and School Health funds totaling \$415,000**
- **Teen Pregnancy Prevention Program funds totaling \$999,999**
- **Personal Responsibility Education Program funds totaling \$1,500,383**
- **Title V State Abstinence Education Program funds totaling \$2,363,117**

In Fiscal Year 2017, local entities in North Carolina received:

- **Teen Pregnancy Prevention Program funds totaling \$3,666,926**

SEXUALITY EDUCATION LAW AND POLICY

STATE LAW

North Carolina [General Statutes § 115C-81](#) require schools to teach a comprehensive health education program, which includes instruction on the prevention of pregnancy and sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS). Schools must stress the importance of parental involvement and teach refusal skills and strategies to handle peer pressure.² Comprehensive health education must include “reproductive health and safety education” beginning in seventh grade. Such instruction must teach “that abstinence from sexual activity outside of marriage is the expected standard for all school-age children” and “that a mutually faithful, monogamous, heterosexual relationship in the context of marriage is the best lifelong means of avoiding [STDs], including HIV/AIDS,” among other stipulations.³ With respect to contraception and family planning, the law requires instruction to teach:

- a) “... how [STDs] are and are not transmitted, the effectiveness and safety of all federal Food and Drug Administration (FDA)-approved methods of reducing the risk of

- contracting [STDs], and information on local resources for testing and medical care for [STDs] ...;⁴ and
- b) The effectiveness and safety of all FDA-approved contraceptive methods in preventing pregnancy.”⁵

The information included in reproductive health and safety education must be age-appropriate, objective, and based upon scientific research that is peer reviewed and accepted by professionals in the field of sexual health education.⁶ Students may receive information about where to obtain contraceptives and abortion referral services only in accordance with a local board’s policy regarding parental consent. Contraceptives, including condoms and other devices, shall not be made available or distributed on school property.⁷ Instruction must also teach “awareness of sexual assault, sexual abuse, and risk reduction” and focus on healthy relationships.

The State Board of Education shall make available a list of reviewed materials, any approved textbooks and other approved materials for discussion regarding pregnancy and STDs, including HIV prevention, to parents and legal guardians at least 60 days before such instruction is provided in the classroom.⁸

North Carolina law also requires local school boards to “adopt policies to provide opportunities either for parents and legal guardians to consent or for parents and legal guardians to withhold their consent to the students’ participation in any or all of these programs.”⁹ [These are referred to as “opt-in” and “opt-out” policies](#), respectively.

STATE STANDARDS

The North Carolina Department of Public Instruction provides [Healthful Living: Standard Course of Study and Grade-Level Competencies](#), which offers model policies and content outlines.¹⁰ Essential standards included in this guideline include the skill to “evaluate abstinence from sexual intercourse as a positive choice for young people,” and to “create strategies that develop and maintain reproductive and sexual health,” which includes “illustrat[ing] skills related to safe and effective use of methods to prevent STDs, as well as access resources for testing and treatment.”

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*](#).

NORTH CAROLINA YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA¹¹

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 North Carolina. 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.”¹²

Reported ever having had sexual intercourse

- In 2015, 41.4% of female high school students and 45.8% of male high school students in North Carolina 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, 52.8% of lesbian, gay, or bisexual (LGB) high school students, 28% of high school students who were unsure of their sexual orientation, and 42.8% of heterosexual high school students in North Carolina 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, 5.8% of Asian high school students, 54.9% of black high school students, 36.7% of Hispanic high school students, 40.4% of white high school students, and 45.4% of high school students who identified as multiple races in North Carolina reported ever having had sexual intercourse, compared to 19.3% of Asian high school students, 48.5% of black high school students, 42.5% of Hispanic high school students, 39.9% of white high school students, and 49.2% of high school students who identified as multiple races nationwide.

Reported having had sexual intercourse before age 13

- In 2015, 2.5% of female high school students and 7.8% of male high school students in North Carolina 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, 7.2% of LGB high school students, 11.2% of high school students who were unsure of their sexual orientation, and 4.3% of heterosexual high school students in North Carolina 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, 0.1% of Asian high school students, 8.5% of black high school students, 5.4% of Hispanic high school students, 3.3% of white high school students, and 2.9% of high school students who identified as multiple races in North Carolina reported having had sexual intercourse before age 13, compared to 0.7% of Asian high school students, 8.3% of black high school students, 5% of Hispanic high school students, 2.5% of white high school students, and 5.8% of high school students who identified as multiple races nationwide.

Reported being currently sexually active

- In 2015, 32.4% of female high school students and 33% of male high school students in North Carolina 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, 38.2% of LGB high school students, 21.6% of high school students who were unsure of their sexual orientation, and 32.4% of heterosexual high school students in North Carolina 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, 5.9% of Asian high school students, 39.9% of black high school students, 26.6% of Hispanic high school students, 31.2% of white high school students, and 34.7% of high school students who identified as multiple races in North Carolina reported being currently sexually active, compared to 12.2% of Asian high school students, 33.1% of black high school students, 30.3% of Hispanic high school students, 30.3% of white high school students, and 35.7% of high school students who identified as multiple races nationwide.

Reported not using a condom during last sexual intercourse

- In 2015, 44.5% of female high school students and 34.7% of male high school students in North Carolina 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, 58% of LGB high school students, 63.4% of high school students who were unsure of their sexual orientation, and 37.5% of heterosexual high school students in North Carolina reported not using a condom during their last sexual intercourse, compared to 52.5% of LGB high school students, 47.8% of high school students who were unsure of their sexual orientation, and 42.2% of heterosexual high school students nationwide.

- In 2015, 29.5% of black high school students, 50.1% of Hispanic high school students, 42.5% of white high school students, and 50% of high school students who identified as multiple races in North Carolina reported not using a condom during their last sexual intercourse, compared to 36.3% of black high school students, 44.4% of Hispanic high school students, 43.2% of white high school students, and 48.8% of high school students who identified as multiple races nationwide.

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

- In 2015, 15.4% of female high school students and 10.8% of male high school students in North Carolina 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, 34.1% of LGB high school students, 34.7% of high school students who were unsure of their sexual orientation, and 10.7% of heterosexual high school students in North Carolina reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 26.4% of LGB high school students, 19.4% of high school students who were unsure of their sexual orientation, and 12.4% of heterosexual high school students nationwide.
- In 2015, 12.4% of black high school students, 20% of Hispanic high school students, 10.4% of white high school students, and 20.2% of high school students who identified as multiple races in North Carolina reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 15.9% of black high school students, 20% of Hispanic high school students, 10.4% of white high school students, and 16.7% of high school students who identified as multiple races nationwide.

Reported having had drunk alcohol or used drugs during last sexual intercourse¹³

- In 2015, 17.1% of female high school students and 16.3% of male high school students in North Carolina 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, 25% of LGB high school students, 21.2% of high school students who were unsure of their sexual orientation, and 15.6% of heterosexual high school students in North Carolina reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 22.4% of LGB high school students, 44.5% of high school students who were unsure of their sexual orientation, and 20% of heterosexual high school students nationwide.
- In 2015, 14.1% of black high school students, 19% of Hispanic high school students, 16.2% of white high school students, and 17.8% of high school students who identified as multiple races in North Carolina reported having had drunk alcohol or used drugs during their last

sexual intercourse, compared to 21.8% of black high school students, 22.8% of Hispanic high school students, 19.3% of white high school students, and 18.7% of high school students who identified as multiple races nationwide.

Reported never having been tested for HIV

- In 2015, 89% of female high school students and 89.7% of male high school students in North Carolina reported never having been tested for HIV, compared to 88.9% of female high school students and 90.7% of male high school students nationwide.
- In 2015, 78.1% of LGB high school students, 90.7% of high school students who were unsure of their sexual orientation, and 90.4% of heterosexual high school students in North Carolina reported never having been tested for HIV, compared to 81.8% of LGB high school students, 87.2% of high school students who were unsure of their sexual orientation, and 90.7% of heterosexual high school students nationwide.
- In 2015, 93.9% of Asian high school students, 82.5% of black high school students, 92.2% of Hispanic high school students, 91.8% of white high school students, and 88% of high school students who identified as multiple races in North Carolina reported never having been tested for HIV, compared to 90.4% of Asian high school students, 83.4% of black high school students, 88.9% of Hispanic high school students, 92% of white high school students, and 86.6% of high school students who identified as multiple races nationwide.

Reported having been physically forced to have sexual intercourse

- In 2015, 8.8% of female high school students and 4.4% of male high school students in North Carolina 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, 14.8% of LGB high school students, 10.3% of high school students who were unsure of their sexual orientation, and 5.6% of heterosexual high school students in North Carolina 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, 1.4% of Asian high school students, 5.1% of black high school students, 11.5% of Hispanic high school students, 6% of white high school students, and 7.7% of high school students who identified as multiple races in North Carolina reported having been physically forced to have sexual intercourse, compared to 4.2% of Asian high school students, 7.3% of black high school students, 7% of Hispanic high school students, 6% of white high school students, and 12.1% of high school students who identified as multiple races nationwide.

Reported experiencing physical dating violence

- In 2015, 9.2% of female high school students and 7.3% of male high school students in North Carolina reported experiencing physical dating violence in the prior year, compared to 11.7% of female high school students and 7.4% of male high school students nationwide.
- In 2015, 17.8% of LGB high school students, 11.3% of high school students who were unsure of their sexual orientation, and 7.1% of heterosexual high school students in North Carolina reported experiencing physical dating violence in the prior year, compared to 17.5% of LGB high school students, 24.5% of high school students who were unsure of their sexual orientation, and 8.3% of heterosexual high school students nationwide.
- In 2015, 7.2% of black high school students, 12.3% of Hispanic high school students, 7.8% of white high school students, and 8% of high school students who identified as multiple races in North Carolina reported experiencing physical dating violence in the prior year, compared to 10.5% of black high school students, 9.7% of Hispanic high school students, 9% of white high school students, and 16% of high school students who identified as multiple races nationwide.

Reported experiencing sexual dating violence

- In 2015, 11.1% of female high school students and 4.4% of male high school students in North Carolina reported experiencing sexual dating violence in the prior year, compared to 15.6% of female high school students and 5.4% of male high school students nationwide.
- In 2015, 13.7% of LGB high school students, 11.7% of high school students who were unsure of their sexual orientation, and 6.9% of heterosexual high school students in North Carolina reported experiencing sexual dating violence in the prior year, compared to 22.7% of LGB high school students, 23.8% of high school students who were unsure of their sexual orientation, and 9.1% of heterosexual high school students nationwide.
- In 2015, 5.6% of black high school students, 12.6% of Hispanic high school students, 7.5% of white high school students, and 8.3% of high school students who identified as multiple races in North Carolina reported experiencing sexual dating violence in the prior year, compared to 10% of black high school students, 10.6% of Hispanic high school students, 10.1% of white high school students, and 14.2% of high school students who identified as multiple races nationwide.

Visit the CDC [Youth Online](#) database and the [Health Risks Among Sexual Minority Youth](#) report for additional information on sexual behaviors.

NORTH CAROLINA SCHOOL HEALTH PROFILES DATA¹⁴

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.¹⁵ 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 North Carolina 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

- 45.6% of North Carolina secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 6, 7, or 8.¹⁶
- 50.5% of North Carolina secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 9, 10, 11, or 12.¹⁷

Reported teaching about the benefits of being sexually abstinent

- 89.3% of North Carolina secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.¹⁸
- 96.3% of North Carolina secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 9, 10, 11, or 12.¹⁹

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

- 82.7% of North Carolina 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 8.²⁰

- 92.7% of North Carolina 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 12.²¹

Reported teaching how to create and sustain healthy and respectful relationships

- 89.3% of North Carolina secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 6, 7, or 8.²²
- 94.5% of North Carolina 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 12.²³

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

- 85.1% of North Carolina 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 8.²⁴
- 93.7% of North Carolina 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 12.²⁵

Reported teaching how to correctly use a condom

- 54.7% of North Carolina secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.²⁶
- 57% of North Carolina secondary schools taught students how to correctly use a condom in a required course in any of grades 9, 10, 11, or 12.²⁷

Reported teaching about all seven contraceptives

- 50% of North Carolina 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 12.²⁸

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

- 25.2% of North Carolina secondary schools provided students with curricula or supplementary materials that included HIV, STD, or pregnancy prevention information relevant to LGBTQ youth.²⁹

Visit the CDC's [School Health Profiles](https://www.cdc.gov/schoolhealthprofiles/) report for additional information on school health policies and practices.

NORTH CAROLINA 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, North Carolina had the 19th highest reported teen pregnancy rate in the United States, with a rate of 44 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 43 per 1,000.³⁰ There were a total of 14,070 pregnancies among young women ages 15–19 reported in North Carolina in 2013.³¹
- In 2015, North Carolina had the 22nd highest reported teen birth rate in the United States, with a rate of 23.6 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.³² There were a total of 7,641 live births to young women ages 15–19 reported in North Carolina in 2015.³³
- In 2013, North Carolina had the 17th highest reported teen abortion rate³⁴ in the United States, with a rate of 9 abortions per 1,000 young women ages 15–19, compared to the national rate of 11 per 1,000.³⁵ There were a total of 2,950 abortions among young women ages 15–19 reported in North Carolina in 2013.³⁶

HIV and AIDS

- In 2015, the reported rate of diagnoses of HIV infection among adolescents ages 13–19 in North Carolina was 7.1 per 100,000, compared to the national rate of 5.8 per 100,000.³⁷
- In 2015, the reported rate of AIDS diagnoses among adolescents ages 13–19 in North Carolina was 0.5 per 100,000, compared to the national rate of 0.7 per 100,000.³⁸
- In 2015, the reported rate of diagnoses of HIV infection among young adults ages 20–24 in North Carolina was 39.3 per 100,000, compared to the national rate of 31.1 per 100,000.³⁹
- In 2015, the reported rate of AIDS diagnoses among young adults ages 20–24 in North Carolina was 6.5 per 100,000, compared to the national rate of 5.6 per 100,000.⁴⁰

STDs

- In 2015, North Carolina had the 4th highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 2,682.6 cases per 100,000,

compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 17,516 cases of chlamydia among young people ages 15–19 reported in North Carolina.⁴¹

- In 2015, North Carolina had the 4th highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 581.4 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 3,796 cases of gonorrhea among young people ages 15–19 reported in North Carolina.⁴²
- In 2015, North Carolina had the 3rd 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 10.4 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 68 cases of syphilis reported among young people ages 15–19 in North Carolina.⁴³

Visit the Office of Adolescent Health’s (OAH) [North Carolina 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 NORTH CAROLINA

Grantee	Award
Division of Adolescent and School Health (DASH)	
North Carolina Department of Public Instruction	\$415,000
TOTAL	\$415,000
Teen Pregnancy Prevention Program (TPPP)	
TPPP Tier 1A	
SHIFT NC	\$736,766
TOTAL	\$736,766
TPPP Tier 1B	
North Carolina Department of Health and Human Services	\$999,999
SHIFT NC	\$1,749,000
TOTAL	\$2,748,999
TPPP Tier 2B	
Children’s Home Society of North Carolina, Inc.	\$586,000
Public Health Authority of Cabarrus County	\$595,160
TOTAL	\$1,181,160
Personal Responsibility Education Program (PREP)	

PREP State-Grant Program	
North Carolina Department of Health and Human Services (federal grant)	\$1,500,383
TOTAL	\$1,500,383
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)	
North Carolina Department of Public Instruction (federal grant)	\$2,363,117
TOTAL	\$2,363,117
GRAND TOTAL	\$8,945,425

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 was one DASH grantee in North Carolina funded to strengthen student health through ESHE, SHS, and SSE (1308 Strategy 2): The North Carolina Department of Public Instruction (\$320,000).

NORTH CAROLINA DEPARTMENT OF PUBLIC INSTRUCTION, \$320,000 (FY 2017)

With its 1308 Strategy 2 funds, the North Carolina Department of Public Instruction disseminates state laws and the North Carolina Essential Standards for Health document to support the implementation of sexual health education in schools. The Department also trains teachers to increase their competencies and skills to teach sexual health education. Additionally, to increase access to youth-friendly sexual health services, the Department developed a local referral system and a state-specific website for sexual health services. To increase safe and supportive school environments for all students, the Department offers service-learning opportunities for students and distributes DASH's Parent Engagement Strategies.⁴⁴

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 North Carolina 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 North Carolina funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): The North Carolina Department of Public Instruction (\$95,000).

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 North Carolina: Sexual Health Initiatives for Teens (SHIFT) NC (\$736,766).

SHIFT NC, \$736,766 (FY 2017)

Formerly known as the Adolescent Pregnancy Prevention Campaign of North Carolina, Sexual Health Initiatives for Teens (SHIFT NC) is a statewide, non-profit organization dedicated to using “successful, evidence-based methods to make a positive change for teen pregnancy prevention, HIV and [sexually transmitted infections (STIs)], healthy development, sexuality, and relationships.”⁴⁵ With its TPPP Tier 1A funding, SHIFT NC plans to implement *Every Teen Counts*. The goal of this project is to build the capacity of foster care and juvenile detention systems to serve young people at high risk of experiencing a teen pregnancy. The project targets the following nine counties of rural northeastern North Carolina: Bertie, Franklin, Granville, Halifax, Nash, Northampton, Vance, Warren, and Wilson. SHIFT NC will provide the following curricula: [*Making Proud Choices: An Adaptation for Out of Home Youth \(MPC+\)*](#) and [*Sexual Health and Adolescent Risk Prevention \(SHARP\)*](#). SHIFT NC aims to reach 400 young people per year.⁴⁶

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 North Carolina: North Carolina Department of Health and Human Services (\$999,999) and SHIFT NC (\$1,749,000).
- These state and local organizations in North Carolina received a total of \$2,748,999 in TPPP Tier 1B funding.

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES, \$999,999 (FY 2017)

The North Carolina Department of Health and Human Services will use the TPPP Tier 1B funds to implement evidence-based programming to middle and high school students in Edgecombe, Richmond, and Graham Counties. The goal of the project is to lower adolescent birth rates in the three counties. The Department will provide [*Draw the Line/Respect the Line*](#), [*Reducing the Risk*](#), and [*Making Proud Choices!*](#) and will provide “key educational interventions to improve NC adolescents’ knowledge, attitudes, and beliefs regarding sexual health, which will impact adolescent birth rates in these counties.”⁴⁷ The Department aims to serve 2,225 young people per year.⁴⁸

SHIFT NC, \$1,749,000 (FY 2017)

With its TPPP Tier 1B funding, SHIFT NC will provide evidence-based programming, other evidence-based practice, and health care linking/referral strategies to young people ages 11-19 in Cumberland and Onslow counties. North Carolina Youth Connected, a collaborative partnership between the two counties and SHIFT NC, will work with county school districts, systems serving young people in foster care, young people involved with the juvenile justice system, community-based organizations, universities and colleges, health care providers, and other community entities to implement evidence-based programming. Curricula offered will include [*Project AIM*](#), [*Seventeen Days*](#), [*Making Proud Choices: An Adaptation for Out-of-Home Youth \(MPC+\)*](#), [*Promoting Health Among Teens! Abstinence-Only \(PHAT-AO\)*](#), [*All4You!*](#), [*Sexual Health and Adolescent Risk Prevention \(SHARP\)*](#), [*Get Real*](#), and [*Teen Health Project*](#). SHIFT NC aims to serve approximately 10,000 young people per year.⁴⁹

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 North Carolina.

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

- In FY 2017, there were two TPPP Tier 2B grantees in North Carolina: Children’s Home Society of North Carolina, Inc., (\$586,000) and Public Health Authority of Cabarrus County (\$595,160).
- These state and local organizations in North Carolina received a total of \$1,181,160 in TPPP Tier 2B funding.

CHILDREN’S HOME SOCIETY OF NORTH CAROLINA, INC. (CHS), \$586,000 (FY 2017)

CHS is dedicated to promoting “the right of every child to a permanent, safe, and loving family” and has placed more than 15,000 children in adoptive homes.⁵⁰ Additionally, CHS promotes healthy family environments by providing parent and teen education programs and training. The organization serves more than 20,000 clients each year and is based in 10 cities across North Carolina.⁵¹ With its TPPP Tier 2B funding, CHS will implement and evaluate [*Wise Guys*](#), an intervention method for young men that focuses on the following topics: reproductive anatomy and pregnancy, values, fatherhood, goal-setting, decision-making, communication, healthy relationships, intimate partner violence, HIV and other STDs, contraception, and abstinence. A total of 1,500 young men grades 9–11 in Iredell-Statesville Schools will be recruited for the project and will be split evenly between intervention and control groups. Evaluation will be based on measurements taken before the intervention, three months post-intervention, and nine months post-intervention.⁵²

PUBLIC HEALTH AUTHORITY OF CABARRUS COUNTY, \$596,160 (FY 2017)

Formerly known as the Cabarrus County Health Department, Cabarrus Health Alliance is the public health authority of Cabarrus County. With its TPPP Tier 2B funding, Cabarrus Health Alliance will implement and evaluate an intervention method, [*Taking Responsible Actions in Life \(TRAIL\)*](#), in high schools in Cabarrus County. The intervention involves three tiers of services:

- Universal strategies to reach the entire student body through staff professional development, a Geographic Information Systems-based Health Care Access map, and a marketing campaign;
- Targeting strategies to reach all ninth-grade students through a leadership development program and service learning opportunities; and
- Intensive strategies to target students with particular risk factors, such as low school attachment and low self-esteem.⁵³

The program also includes an after-school physical activity component, mentorship, and summer advantage opportunities. Evaluation of the program will measure the impact of *TRAIL* on sexual initiation, use of birth control, frequency of sex, parental communication, social norms, and school climate. Cabarrus Health Alliance aims to reach 1,000 young people per year over the course of the grant period.⁵⁴

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

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

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 North Carolina Department of Health and Human Services received \$1,500,383 in federal PREP funds.⁵⁵
- The agency provides sub-grants to six local public and private entities. The sub-grantee information is listed below.⁵⁶

Sub-grantee	Serving	Amount
East Carolina University	See narrative below	\$315,239
Albermarle Alliance for Children and Families	Bertie County Schools	\$125,750
Coalition for Families in Lee County	Lee County Schools	\$145,750
Gaston County Department of Health and Human Services	Gaston County	\$135,750
Caldwell Council on Adolescent Health	Caldwell County	\$135,750
Martin-Tyrrell-Washington Health District	Martin County Schools	\$140,750

The North Carolina Department of Health and Human Services, Division of Public Health's Women's Health Branch, implements the state's PREP grant. The agency collaborates with six sub-grantees to provide school- and community-based programming to young people ages 10-19 who reside in counties that are in the top 50 percentile for teen birth rates and young people in out-of-home care across the state. East Carolina University as awarded funding through PREP to train middle and high school health teachers and community-based organizations on the implementation of [Making Proud Choices!](#), [Reducing the Risk](#), and [Parents Matter!](#). Additional sub-grants are allocated to local organizations to implement [Teen Outreach Program \(TOP\)](#) in schools during the school day, [Parents Matter!](#) in community-based settings, and [Making Proud Choices!](#) and [Reducing the Risk](#) in school-based and community/after-school programs. Sub-grantees address the following adulthood preparation subjects: healthy relationships, parent-child communication, adolescent development, and healthy life skills.⁵⁷

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 North Carolina.

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 North Carolina.

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, North Carolina received PREP state-grant funding; therefore, entities in North Carolina 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.⁵⁸

- In FY 2017, the North Carolina Department of Public Instruction received \$2,363,117 in federal Title V AOUM funding.⁵⁹
- The North Carolina Department of Public Instruction provides 32 local education agencies and four local entities. The sub-grantee information is listed below.⁶⁰
- In North Carolina, the match is provided through a combination of in-kind contributions and direct state revenue.

The North Carolina Department of Public Instruction provides Title V AOUM funding to 36 sub-grantees in school-based settings in an effort to support programs that address four of the state’s eight coordinated school health components, including: health education, school health services, behavioral mental health, and family and community involvement. Programming targets students ages 10-14 in grades 5-6 in school-based settings.

Priority is given to school districts located in counties with high teen birth and pregnancy rates, high rates of children in the foster care system, high eligibility for free and reduced lunch in public schools, and academic risk factors. The Department of Public Instruction distributes a bulk of the funding to 32 local education agencies. The 32 local education agencies, which receive \$50,000 each, include: Allegheny, Anson, Ashe, Bertie, Bladen, Caldwell, Cumberland, Duplin, Edenton-Chowan, Edgecombe, Granville, Green, Halifax, Hertford, Hoke, Lee, Lenoir, Martin, Montgomery, Northampton, Randolph, Asheboro City Schools – Randolph County, Robeson, Rockingham, Sampson, Scotland, Swain, Vance, Warren, Washington, Wayne, and Wilson County schools. Additionally, The Northwest Region Education Service Alliance and the Western Region Education Service Alliance each received \$65,000; SHIFT NC received \$150,000; and NC School Health Training Center received \$350,000. One contract is currently in process for Alice Aycock Poe Center for Health Education for \$54,000. The following curricula have been approved for use: [*Making a Difference!*](#); [*Teen Outreach Program \(TOP\)*](#); [*Puberty: The Wonder Years*](#); [*Smart Girls Life Skills Training*](#); [*Why Try?*](#); [*Boy to Men, Girl to Women*](#); and [*Successfully Teaching Middle School Health*](#). North Carolina is a local control state; therefore, decisions about curricula use are made at the district level. However, sub-grantees are encouraged

to use an evidence-based program and are required to use a medically accurate curriculum.⁶¹

“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 were no SRAE grantees in North Carolina.

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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 N.C. Gen. Stat. § 115C-81(e1)(4), www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_115C/GS_115C-81.html.

³ N.C. Gen. Stat. § 115C-81(e1)(4)(d); N.C. Gen. Stat. § 115C-81(e1)(4)(e).

⁴ N.C. Gen. Stat. § 115C-81(e1)(4a)(a).

⁵ N.C. Gen. Stat. § 115C-81(e1)(4a)(b).

⁶ N.C. Gen. Stat. § 115C-81(e1)(4); N.C. Gen. Stat. § 115C-81(e1)(4a).

⁷ N.C. Gen. Stat. § 115C-81(e1)(9).

⁸ N.C. Gen. Stat. § 115C-81(e1)(5).

⁹ N.C. Gen. Stat. § 115C-81(e1)(7).

¹⁰ *Healthful Living: Essential Standards* (Raleigh, NC: North Carolina Department of Public Instruction, 2006), www.dpi.state.nc.us/curriculum/healthfulliving/scos.

¹¹ “Youth Online,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.

¹² “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.

¹³ 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.

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- ¹⁴ “School Health Profiles 2014,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.
- ¹⁵ Ibid., pg. 51.
- ¹⁶ Ibid., Table 9c.
- ¹⁷ Ibid., Table 11c.
- ¹⁸ Ibid., Table 9a.
- ¹⁹ Ibid., Table 11a.
- ²⁰ Ibid., Table 9a.
- ²¹ Ibid., Table 11a.
- ²² Ibid., Table 9b.
- ²³ Ibid., Table 11b.
- ²⁴ Ibid., Table 9b.
- ²⁵ Ibid., Table 11b.
- ²⁶ Ibid., Table 9c.
- ²⁷ Ibid., Table 11c.
- ²⁸ Ibid., Table 13.
- ²⁹ Ibid., Table 39.
- ³⁰ 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.
- ³¹ Ibid., Table 2.6.
- ³² “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>.
- ³³ 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>.
- ³⁴ “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.
- ³⁵ 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.
- ³⁶ Ibid., Table 2.6.
- ³⁷ 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.
- ³⁸ 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.
- ³⁹ 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.
- ⁴⁰ 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.
- ⁴¹ NCHHSTP Atlas, “STD Surveillance Data” (Atlanta, GA: Centers for Disease Control and Prevention), <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.
- ⁴² Ibid.
- ⁴³ Ibid.
- ⁴⁴ Centers for Disease Control and Prevention, Adolescent and School Health, Funded State Agencies, Atlanta, GA, www.cdc.gov/healthyyouth/partners/funded_states.htm#nc.
- ⁴⁵ “About,” Sexual Health Initiatives for Teens, www.shiftnc.org/teens.
- ⁴⁶ “SHIFT NC,” Grantees (NC) – TPP Tier 1A, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/1a/shift-nc.html.

⁴⁷ “North Carolina Department of Health and Human Services,” Grantees (NC) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/1b/north-carolina-department-of-health-and-human-services.html.

⁴⁸ Ibid.

⁴⁹ “SHIFT NC,” Grantees (NC) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/1b/shift-nc.html.

⁵⁰ “About,” Children’s Home Society of North Carolina, Inc., www.chsnc.org/about.

⁵¹ Ibid.

⁵² “Children’s Home Society of North Carolina, Inc.,” Grantees (NC) – TPP Tier 2B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/2b/childrens-home-society-of-north-carolina-inc.html.

⁵³ “Evaluation Abstract: The Evaluation of Taking Responsible Actions in Life (TRAIL) in Cabarrus County, North Carolina,” U.S. Department of Health and Human Services, Office of Adolescent Health, <https://www.hhs.gov/ash/oah/sites/default/files/phacc-eval-abstract.pdf>.

⁵⁴ “Public Health Authority of Cabarrus County,” Grantees (NC) – TPP Tier 2B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/2b/public-health-authority-of-cabarrus-county.html.

⁵⁵ “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.

⁵⁶ Information provided by Tilneil Gary, MA, PREP Consultant, Division of Public Health--Women’s Health Branch, North Carolina Department of Health and Human Services, June 21, 2017.

⁵⁷ Ibid.

⁵⁸ 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.

⁵⁹ “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.

⁶⁰ Information provided by Nakisha Floyd, Abstinence Education Consultant, North Carolina Department of Public Instruction, June 23, 2017.

⁶¹ Ibid.