SIECUS | Sexuality Information and Education Council of the United States

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 Tennessee's federal funding
- Sex/Sexuality and HIV and other STIs Education Laws by State – compared to Tennessee's education laws
- Descriptions of Curricula and Programs across the United States

TENNESSEE

In Fiscal Year 2017,[1] the state of Tennessee received:

- **Division of Adolescent and School Health funds totaling $75,000**
- **Personal Responsibility Education Program funds totaling $962,052**
- **Title V State Abstinence Education Program funds totaling $1,654,551**

In Fiscal Year 2017, local entities in Tennessee received:

- **Division of Adolescent and School Health funds totaling $378,750**
- **Teen Pregnancy Prevention Program funds totaling $4,229,999**

SEXUALITY EDUCATION LAW AND POLICY

STATE LAW

Tennessee law (§ 49-6-1302, 49-6-1304, and 49-6-1305) requires local education agencies in counties whose pregnancy rate exceeds 19.5 pregnancies per 1,000 females ages 15–17 to develop and implement a family life education program.[2] These programs must promote "sexual risk avoidance" as their primary goal, and instruction that promotes "gateway sexual activity" is prohibited. Statute § 49-6-1304 was recently amended to include "the benefits of adoption as a positive choice in the event of an unwanted pregnancy" as required learning material for students in grades 7–12.

If such family life education programs are provided, they must:

1. Emphatically promote sexual risk avoidance through abstinence, regardless of a student's current or prior sexual experience;
2. Encourage sexual health by helping students understand how sexual activity affects the whole person, including the physical, social, emotional, psychological, economic, and educational consequences of non-marital sexual activity;

3. Teach the positive results of avoiding sexual activity, the skills needed to make healthy decisions, the advantages of and skills for student success in pursuing educational and life goals, the components of healthy relationships, and the social science research supporting the benefits of reserving the expression of human sexual activity for marriage;
4. Provide factually and medically accurate information;
5. Teach students how to form pro-social habits that enable students to develop healthy relationships, create strong marriages, and form safe and stable future families;
6. Encourage students to communicate with a parent, guardian, or other trusted adult about sex or other risk behaviors;
7. Assist students in learning and practicing refusal skills that will help them resist sexual activity;
8. Address the benefits of raising children within the context of a marital relationship and the unique challenges that single teen parents encounter in relation to educational, psychological, physical, social, legal, and financial factors;
9. Discuss the interrelationship between teen sexual activity and exposure to other risk behaviors such as smoking, underage drinking, drug use, criminal activity, dating violence, and sexual aggression;
10. Educate students on the age of consent, puberty, pregnancy, childbirth, sexually transmitted diseases [STDs], including but not limited to human immunodeficiency virus [HIV]/acquired immunodeficiency syndrome [AIDS], and the financial and emotional responsibility of raising a child; and
11. Teach students how to identify and form healthy relationships, and how to identify and avoid unhealthy relationships."[3]

Tennessee Code allows students to be removed from sexuality education classes upon written request from their parent or guardian.[4] This is referred to as an "opt-out" policy.

STATE STANDARDS

The *Tennessee Health Education Standards* include instruction on STDs, including HIV/AIDS, beginning in 3rd grade.[5] Beginning in 6th grade, the standards include the expectation that students will learn to "identify abstinence from sexual activity as the responsible and preferred choice for adolescents."[6] The *Tennessee Lifetime Wellness Curriculum Standards Grades 9–12*, which students must complete in order to graduate high school, mandate a section on sexuality and family life. The standards describe abstinence as a "positive choice" but also include instruction on contraception and alternatives for an unplanned pregnancy, including abortion.[7]

STATE LEGISLATIVE SESSION 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*.

TENNESSEE YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA[8]

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 Tennessee. 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."[9]

Reported ever having had sexual intercourse

- In 2013, 44.4% of female high school students and 50.7% of male high school students in Tennessee reported ever having had sexual intercourse, compared to 46% of female high school students and 47.5% of male high school students nationwide.

- In 2013, 62.1% of black high school students, 54.8% of Hispanic high school students, and 40.8% of white high school students in Tennessee reported ever having had sexual intercourse, compared to 60.6% of black high school students, 49.2% of Hispanic high school students, and 43.7% of white high school students nationwide.

Reported having had sexual intercourse before age 13

- In 2013, 4.3% of female high school students and 13.6% of male high school students in Tennessee reported having had sexual intercourse before age 13, compared to 3.1% of female high school students and 8.3% of male high school students nationwide.

- In 2013, 15.1% of black high school students, 23.2% of Hispanic high school students, and 4.9% of white high school students in Tennessee reported having had sexual intercourse before age 13, compared to 14.0% of black high school students, 6.4% of Hispanic high school students, and 3.3% of white high school students nationwide.

Reported being currently sexually active

- In 2013, 32.1% of female high school students and 32.5% of male high school students in Tennessee reported being currently sexually active, compared to 35.2% of female high school students and 32.7% of male high school students nationwide.

- In 2013, 40.3% of black high school students, 36.9% of Hispanic high school students, and 28.4% of white high school students in Tennessee reported being currently sexually active, compared to 42.1% of black high school students, 34.7% of Hispanic high school students, and 32.8% of white high school students nationwide.

Reported not using a condom during last sexual intercourse

- In 2013, 46.2% of female high school students and 35.8% of male high school students in Tennessee reported not using a condom during their last sexual intercourse, compared to 46.9% of female high school students and 34.2% of male high school students nationwide.

- In 2013, 39.9% of black high school students and 40.4% of white high school students in Tennessee reported not using a condom during their last sexual intercourse, compared to 35.3% of black high school students and 42.9% of white high school students nationwide.

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

- In 2013, 20.6% of female high school students and 16.1% of male high school students in Tennessee reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 15.7% of female high school students and 11.5% of male high school students nationwide.

- In 2013, 27.7% of black high school students and 13.7% of white high school students in Tennessee reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 15.9% of black high school students and 11.1% of white high school students nationwide.

Reported having been physically forced to have sexual intercourse

- In 2013, 14.2% of female high school students and 6.7% of male high school students in Tennessee reported having been physically forced to have sexual intercourse, compared to 10.5% of female high school students and 4.2% of male high school students nationwide.

- In 2013, 10% of black high school students, 23.3% of Hispanic high school students, and 9% of white high school students in Tennessee reported having been physically forced to

have sexual intercourse, compared to 8.4% of black high school students, 8.7% of Hispanic high school students, and 6.1% of white high school students nationwide.

Reported experiencing physical dating violence

- In 2013, 10.8% of female high school students and 8.4% of male high school students in Tennessee reported experiencing physical dating violence in the prior year, compared to 13% of female high school students and 7.4% of male high school students nationwide.

- In 2015, 12.9% of female high school students and 9.5% of male high school students in Tennessee 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 2013, 7.1% of black high school students, 19.4% of Hispanic high school students, and 9.4% of white high school students in Tennessee reported experiencing physical dating violence in the prior year, compared to 10.3% of black high school students, 10.4% of Hispanic high school students, and 9.7% of white high school students nationwide.

- In 2015, 12.1% of black high school students, 12.8% of Hispanic high school students, 10.1% of white high school students and 11.7% of high school students who identified as multiple races in Tennessee 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 2013, 14.4% of female high school students and 6.9% of male high school students in Tennessee reported experiencing sexual dating violence in the prior year, compared to 14.4% of female high school students and 6.2% of male high school students nationwide.

- In 2013, 7.7% of black high school students, 29.5% of Hispanic high school students, and 10.1% of white high school students in Tennessee reported experiencing sexual dating violence in the prior year, compared to 8.9% of black high school students, 11.5% of Hispanic high school students, and 9.8% of white high school students nationwide.

Visit the CDC Youth Online database for additional information on sexual behaviors in Tennessee and in the city of Memphis.

TENNESSEE SCHOOL HEALTH PROFILES DATA[10]

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.[11] 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 Tennessee 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

- 14.5% of Tennessee secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 6, 7, or 8.[12]

- 45.5% of Tennessee secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 9, 10, 11, or 12.[13]

Reported teaching about the benefits of being sexually abstinent

- 52.4% of Tennessee secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.[14]

- 93.5% of Tennessee secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 9, 10, 11, or 12.[15]

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

- 41.1% of Tennessee 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.[16]

- 88.5% of Tennessee 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.[17]

Reported teaching how to create and sustain healthy and respectful relationships

- 49.9% of Tennessee 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.[18]

- 92% of Tennessee 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.[19]

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

- 38% of Tennessee 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.[20]

- 86.1% of Tennessee 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.[21]

Reported teaching how to correctly use a condom

- 15.5% of Tennessee secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.[22]

- 48.4% of Tennessee secondary schools taught students how to correctly use a condom in a required course in any of grades 9, 10, 11, or 12.[23]

Reported teaching about all seven contraceptives

- 27.4% of Tennessee 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.[24]

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

- 18.2% of Tennessee secondary schools provided students with curricula or supplementary materials that included HIV, STD, or pregnancy prevention information relevant to LGBTQ youth.[25]

Visit the CDC's *School Health Profiles* report for additional information on school health policies and practices.

TENNESSEE 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, Tennessee had the 9th highest reported teen pregnancy rate in the United States, with a rate of 49 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 43 per 1,000.[26] There were a total of 10,060 pregnancies among young women ages 15–19 reported in Tennessee in 2013.[27]

- In 2015, Tennessee had the 9th highest reported teen birth rate in the United States, with a rate of 30.5 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.[28] There were a total of 6,267 live births to young women ages 15–19 reported in Tennessee in 2015.[29]

- In 2013, Tennessee had the 28th highest reported teen abortion rate[30] 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.[31] There were a total of 1,400 abortions among young women ages 15–19 reported in Tennessee in 2013.[32]

HIV and AIDS

- In 2015, the reported rate of diagnoses of HIV infection among adolescents ages 13–19 in Tennessee was 4.2 per 100,000, compared to the national rate of 5.8 per 100,000.[33]

- In 2015, the reported rate of AIDS diagnoses among adolescents ages 13–19 in Tennessee was 0.8 per 100,000, compared to the national rate of 0.7 per 100,000.[34]

- In 2015, the reported rate of diagnoses of HIV infection among young adults ages 20–24 in Tennessee was 34.3 per 100,000, compared to the national rate of 31.1 per 100,000.[35]

- In 2015, the reported rate of AIDS diagnoses among young adults ages 20–24 in Tennessee was 5 per 100,000, compared to the national rate of 5.6 per 100,000.[36]

STDs

- In 2015, Tennessee had the 15th highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 2,104.1 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 8,829 cases of chlamydia among young people ages 15–19 reported in Tennessee.[37]

- In 2015, Tennessee had the 14th highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 404.7 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 1,698 cases of gonorrhea among young people ages 15–19 reported in Tennessee.[38]

- In 2015, Tennessee had the 15th 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 5.7 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 24 cases of syphilis reported among young people ages 15–19 in Tennessee.[39]

Visit the Office of Adolescent Health's (OAH) Tennessee 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 TENNESSEE

Grantee	Award
Division of Adolescent and School Health	
Shelby County Board of Education	$378,750
Tennessee Department of Education	$75,000
TOTAL	**$453,750**
Teen Pregnancy Prevention Program (TPPP)	
TPPP Tier 1B	
Centerstone of Tennessee, Inc.	$2,000,000
Douglas-Cherokee Economic Authority, Inc.	$999,999
Le Bonheur Community Health and Well-Being	$1,230,000
TOTAL	**$4,229,999**
Personal Responsibility Education Program (PREP)	
PREP State-Grant Program	
Tennessee Department of Children's Services	$962,052
TOTAL	**$962,052**
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)	
Tennessee Department of Health (federal grant)	$1,654,551
TOTAL	**$1,654,551**
GRAND TOTAL	**$7,300,352**

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 Tennessee funded to strengthen student health through ESHE, SHS, and SSE (1308 Strategy 2): The Shelby County Board of Education ($320,000).

SHELBY COUNTY BOARD OF EDUCATION, $320,000 (FY 2017)

Shelby County Schools is reviewing and revising its sexual health education curriculum using CDC's Health Education Curriculum Analysis Tool in order to strengthen sexual health education. The district also provides curriculum training to school staff. To help schools and community health care providers improve student access to needed services, Shelby County Schools is compiling a list of school-based health centers, community-based clinics, and Shelby County Health Department clinics that provide sexual healthcare services to distribute to adolescents and developing a referral system. To address bullying, sexual harassment, and electronic aggression, the district works with school staff and alternative schools to link students to service learning and mentoring.[40]

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 Tennessee 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 were two DASH grantees in Tennessee funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): the Shelby County Board of Education ($58,750) and the Tennessee Department of Education ($75,000).

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 were no TPPP Tier 1A grantees in Tennessee.

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

- In FY 2017, there were three TPPP Tier 1B grantees in Tennessee: Centerstone of Tennessee, Inc. ($2,000,000); Douglas-Cherokee Economic Authority, Inc. ($999,999); and Le Bonheur Community Health and Well-Being ($1,230,000).
- These local organizations in Tennessee received a total of $4,229,999 in TPPP Tier 1B funding.

CENTERSTONE OF TENNESSEE, INC., $2,000,000 (FY 2017)
Centerstone of Tennessee, Inc., located in Nashville, provides professional behavioral health services and advanced programs to treat mental illness and substance abuse problems to children, adolescents, adults, seniors, and their families. The Centerstone network includes more than 50 facilities and 160 schools and community partnership locations throughout Middle Tennessee.[41] The organization previously received federal AOUM funding through the now-defunct Community-Based Abstinence Education (CBAE) grant. In FY 2001, Centerstone received CBAE funds totaling $74,067. It received a second CBAE grant for FYs 2004–2006 totaling $2.3 million.

Centerstone will implement the Be in Charge 2 program for young people ages 10–19 with its TPPP funding. The program will serve middle schools, high schools, community-based organizations, juvenile detention centers, foster care, and outpatient clinic settings in 60 counties in Tennessee, 14 counties in Kentucky, and 11 counties in Indiana with high teen birth rates. The 11 counties in Indiana will receive outreach and resources to train professions to work with high-risk young people. Curricula used include: *Be Proud! Be Responsible!*, *Making a Difference!*, and *Sexual Health and Adolescent Risk Prevention (SHARP)*. Centerstone aims to reach 15,000 young people per year.[42]

DOUGLAS CHEROKEE ECONOMIC AUTHORITY (DCEA), $999,999 (FY 2017)
DCEA is a non-profit located in Morristown, Tennessee. The organization serves low-income families residing in six rural Appalachian counties in East Tennessee: Cooke, Grainger, Hamblen, Jefferson, Monroe, and Sevier. DCEA has Community Action Agency status, meaning that its structure is designed to promote the participation of the entire community in its poverty reduction and elimination measures. In addition to providing direct service, Community Action Agencies develop comprehensive antipoverty plans, conduct community-wide needs assessments, advocate on behalf of low-income populations, and involve the low-income populations they serve in the planning, implementation, and evaluation of their programs.[43] The organization previously received federal AOUM funding through the now-defunct CBAE grant. Between FYs 2008 and 2009, DCEA received a total of $1,137,468 in CBAE funds.

DCEA's Tier 1B program targets students in grades 6-9 in two small, rural Appalachian counties, Hamblem and Hancock, located in east and northeast Tennessee. The *Teen Outreach Program (TOP)* curriculum is implemented in three middle schools, two high schools, and two alternative schools. DCEA intends to reduce teen pregnancy rates and assist program participants "in developing the skills required to make successful transitions to adulthood without the burden of teen pregnancy and early childbearing." DCEA aims to serve more than 1,550 students per year.[44]

LE BONHEUR COMMUNITY HEALTH AND WELL-BEING, $1,230,000 (FY 2017)
Le Bonheur Community Health and Well-Being is a community service initiative of Le Bonheur Children's Hospital, located in Memphis. The initiative engages in community outreach that addresses the social, economic, and environmental factors threatening children's health and wellbeing.[45] Le Bonheur's Tier 1B program targets young people ages 11–19 in Memphis and Shelby counties. The organization will implement *Be Proud! Be Responsible!* in middle schools, high schools, alternative schools, and community-based sites. The organization—along with Memphis Teen Vision, a coalition of youth-serving agencies and providers—will start a community-wide TPP planning process to enhance the program and develop a referral process to increase young people's access to health care services. Le Bonheur aims to serve 4,000 young people per year.[46]

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 Tennessee.

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

- In FY 2017, there were no TPPP Tier 2B grantees in Tennessee.

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

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

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 Tennessee Department of Children's Services received $962,052 in federal PREP funds.[47]
- At the time of publication, additional information on sub-grants and Tennessee's use of FY 2017 PREP state-grant funds was unknown. The following information reflects implementation of FY 2016 funds during FY 2017.

The Tennessee Department of Children's Services manages the PREP state-grant program, which serves young people ages 12-21 who are in foster homes, congregate care settings, supervised independent living sites, and juvenile justice settings. The program implements *Teen Outreach Program (TOP)*, *Sisters Saving Sisters*, and *Sexual Health and Adolescent Risk Prevention (SHARP)* curricula and will address healthy life skills, financial literacy, and healthy relationships.[48]

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 Tennessee.

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 Tennessee.

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, Tennessee received PREP state-grant funding; therefore, entities in Tennessee 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.[49]

- In FY 2017, the Tennessee Department of Health received $1,654,551 in federal Title V AOUM funding.[50]
- The agency provides sub-grants to 17 local public and private entities. The sub-grantee information is listed below.[51]
- In Tennessee, the match is provided through in-kind services and matching funds from contracted sub-grantees.

Sub-grantee	Serving	Amount
Boys and Girls Club of the Monroe Area	Monroe	$92,000
Boys and Girls Club of the Tennessee	Knox	$62,900
Decision, Choices and Options	Sumner, Rutherford, and Robertson	$92,000
Fashioned in His Image	Davidson	$63,800
Full Circle Medical Center for Women	McMinn	$58,900
Gibson County Special School District	Dyer	$92,000
Hope Clinic	Davidson	$38,000
Lake County Board of Education	Lake	$55,100
Life Choices of Dyersburg	Dyer	$92,000
Mid-South Community Health Solutions	Shelby	$69,400
New Vision, Inc.	Davidson	$92,000
On Point	Hamilton	$92,000
Rise Up!	Washington	$92,000
Trenton Housing	Gibson	$83,900
Women's Care Center of Rhea County	Rhea	$84,400
YMCA of Middle Tennessee	Davidson	$92,000
Youth and Family Resources	Smith	$43,700

The Tennessee Department of Health, Division of Family Health and Wellness, administers the Title V AOUM grant to 17 sub-grantees. The program targets young people ages 10–19 who live in both rural and urban areas and in counties "identified as having high teen pregnancy and birth rates, high rates of sexually transmitted infections (STIs), high rates of mothers in poverty and high school dropout rates."[52] Sub-grantees provide programming in both school- and community-based settings. Sub-grantees are required to

use evidence-based, age-appropriate, culturally appropriate, and medically accurate curricula as designated by the grant guidelines. If a chosen curriculum is not listed as evidence-based, a justification and a copy of the curriculum must be submitted to the state for approval. Curricula used by funded programs include *Choosing the Best*, *Think on Point*, *Promoting Health Among Teens (PHAT)*, *Life on Point,* and *Michigan Model for Health* [53]

"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 Tennessee.

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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] Tenn. Code Ann. § 49-6-1302, www.lexisnexis.com/hottopics/tncode.
[3] Tenn. Code Ann. § 49-6-1304, www.lexisnexis.com/hottopics/tncode.
[4] Tenn. Code Ann. § 49-6-1305(b), www.lexisnexis.com/hottopics/tncode.
[5] *Tennessee Health Education Standards 3–5* (Tennessee: Tennessee State Board of Education), www.tennessee.gov/education/standards/health/health_3_5.pdf, 12.
[6] Ibid., 9.
[7] *Tennessee Lifetime Wellness Curriculum Standards Grades 9–12* (Tennessee: Tennessee State Board of Education), www.tennessee.gov/education/standards/health/LifetimeWellnessStandards2009.pdf, 19.
[8] "Youth Online," Centers for Disease Control and Prevention, https://nccd.cdc.gov/youthonline/App/Default.aspx.
[9] "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.
[10] "School Health Profiles 2014," Centers for Disease Control and Prevention, https://nccd.cdc.gov/youthonline/App/Default.aspx.
[11] Ibid., pg. 51.
[12] Ibid., Table 9c.

[13] Ibid., Table 11c.
[14] Ibid., Table 9a.
[15] Ibid., Table 11a.
[16] Ibid., Table 9a.
[17] Ibid., Table 11a.
[18] Ibid., Table 9b.
[19] Ibid., Table 11b.
[20] Ibid., Table 9b.
[21] Ibid., Table 11b.
[22] Ibid., Table 9c.
[23] Ibid., Table 11c.
[24] Ibid., Table 13.
[25] Ibid., Table 39.
[26] 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.
[27] Ibid., Table 2.6.
[28] "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.
[29] 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/natality-current.html.
[30] "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.
[31] 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.
[32] Ibid., Table 2.6.
[33] 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.
[34] 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.
[35] 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.
[36] 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.
[37] NCHHSTP Atlas, "STD Surveillance Data" (Atlanta, GA: Centers for Disease Control and Prevention), http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html.
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[39] Ibid.
[40] Centers for Disease Control and Prevention, Adolescent and School Health, Funded Local Agencies, Atlanta, GA, www.cdc.gov/healthyyouth/partners/funded_locals.htm#shelby.
[41] "Home," Centerstone of Tennessee, Inc., https://centerstone.org/locations/tennessee.
[42] "Centerstone of Tennesseee, Inc.," Grantees (TN) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/1b/centerstone-of-tennessee-inc.html.
[43] "Agency Info," Douglas-Cherokee Economic Authority, Inc., www.douglascherokee.org.
[44] "Douglas-Cherokee Economic Authority, Inc.," Grantees (TN) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/1b/douglas-cherokee-economic-authority-inc.html.

[45] "Le Bonheur in the Community," Le Bonheur Children's Hospital, www.lebonheur.org/kids-health-wellness/le-bonheur-in-the-community/.
[46] "Le Bonheur Community Health and Well-Being," Grantees (TN) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/1b/le-bonheur-community-health-and-well-being.html.
[47] "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.
[48] "Personal Responsibility Education Program (PREP) Grantee Profiles," Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, https://www.acf.hhs.gov/fysb/resource/prep-grantee-profiles.
[49] 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.

[50] "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.
[51] Information provided by Kimothy Warren, Assistant Director, Tennessee State Department of Health, June 20, 2017.
[52] Ibid.
[53] Ibid.