



SIECUS

State Profile

CONNECTICUT

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

- Division of Adolescent and School Health funds totaling \$289,998
- Personal Responsibility Education Program funds totaling \$562,594

In Fiscal Year 2013, local entities in Connecticut received:

- Teen Pregnancy Prevention Initiative funds totaling \$900,000
 - Pregnancy Assistance Fund dollars totaling \$1,500,000
- Personal Responsibility Education Innovative Strategies funds totaling \$832,467
- Competitive Abstinence Education Grant Program funds totaling \$421,516

SEXUALITY EDUCATION LAW AND POLICY

Connecticut state law does not require schools to teach sexuality education, but does require that schools teach human growth and development and disease prevention. Connecticut law also states: “Each local and regional board of education shall offer during the regular school day planned, ongoing and systematic instruction on acquired immune deficiency syndrome, as taught by legally qualified teachers.”²

The Connecticut State Board of Education is charged with developing family life education curriculum guidelines that “shall include, but not be limited to, information on developing a curriculum including family planning, human sexuality, parenting, nutrition and the emotional, physical, psychological, hygienic, economic and social aspects of family life, provided the curriculum guides shall not include information pertaining to abortion as an alternative to family planning.”³ However, Connecticut statute also states that the instruction must be left to the discretion of local or regional boards of education.

Parents or guardians may remove their children from sexuality education and/or STD/HIV education classes with written notification. This is referred to as an “opt-out” policy.

See Connecticut General Statutes §§ 164-10-16(b)–(f).

2013 STATE LEGISLATIVE SESSION ACTIVITY

SIECUS is not aware of any recent legislation regarding sexuality education in Connecticut.

YOUTH SEXUAL HEALTH DATA

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

Connecticut Youth Risk Behavior Survey (YRBS) Data⁴

- In 2013, 39% of female high school students and 43.2% of male high school students in Connecticut reported ever having had sexual intercourse, compared to 46% of female high school students and 47.5% of male high school students nationwide.
- In 2013, 1.9% of female high school students and 5.4% of male high school students in Connecticut 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, 30.8% of female high school students and 29.6% of male high school students in Connecticut reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey), compared to 35.2% of female high school students and 32.7% of male high school students nationwide.
- In 2013, 10.1% of female high school students and 7.9% of male high school students in Connecticut who dated or went out with someone during the 12 months before the survey reported experiencing physical dating violence one or more times during that time period (defined as being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with), compared to 13% of female high school students and 7.4% of male high school students nationwide.

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

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

Teen Pregnancy, Birth, and Abortion

- In 2010, Connecticut's teen pregnancy rate ranked 39th in the United States, with a rate of 44 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 57 per 1,000.⁵ There were a total of 5,400 pregnancies among young women ages 15–19 reported in Connecticut in 2010.⁶
- In 2012, Connecticut's teen birth rate ranked 49th in the United States, with a rate of 15.1 births per 1,000 young women ages 15–19, compared to the national rate of 29.4 per 1,000.⁷ In 2012, there were a total of 1,889 live births to young women ages 15–19 reported in Connecticut.⁸
- In 2010, Connecticut's teen abortion rate ranked sixth in the United States, with a rate of 20 abortions per 1,000 young women ages 15–19, compared to the national rate of 15 per 1,000.⁹ There were a total of 2,430 abortions among young women ages 15–19 reported in Connecticut in 2010.¹⁰

HIV and AIDS

- In 2011, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Connecticut was 4.2 per 100,000, compared to the national rate of 7.6 per 100,000.¹¹
- In 2011, the rate of AIDS diagnoses among adolescents ages 13–19 in Connecticut was 0.3 per 100,000, compared to the national rate of 1.9 per 100,000.¹²

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- In 2011, the rate of diagnoses of HIV infection among young adults ages 20–24 in Connecticut was 29.9 per 100,000, compared to the national rate of 36.3 per 100,000.¹³
- In 2011, the rate of AIDS diagnoses among young adults ages 20–24 years in Connecticut was 5.1 per 100,000, compared to the national rate of 10.9 per 100,000.¹⁴

Sexually Transmitted Diseases

- In 2012, Connecticut ranked 39th in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 1,476.0 cases per 100,000, compared to the national rate of 2,001.7 per 100,000. In 2012, there were a total of 3,734 cases of chlamydia reported among young people ages 15–19 in Connecticut.¹⁵
- In 2012, Connecticut ranked 34th in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 190.9 cases per 100,000, compared to the national rate of 376.8 per 100,000. In 2012, there were a total of 483 cases of gonorrhea reported among young people ages 15–19 in Connecticut.¹⁶
- In 2012, Connecticut ranked 40th in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 0.4 cases per 100,000, compared to the national rate of 4.1 per 100,000. In 2012, there was a total of 1 case of syphilis reported among young people ages 15–19.¹⁷

FEDERAL FUNDING FOR SEX EDUCATION, TEEN PREGNANCY PREVENTION, AND ABSTINENCE-ONLY-UNTIL-MARRIAGE PROGRAMS

President's Teen Pregnancy Prevention Initiative

The President's Teen Pregnancy Prevention Initiative (TPPI) funds medically accurate and age-appropriate programs to reduce teen pregnancy. The U.S. Department of Health and Human Services, Office of Adolescent Health (OAH) administers the grant program, which totaled \$105 million in discretionary funding for FY 2013. TPPI consists of two funding tiers that provide grants to local public and private entities. Tier 1 totals \$75 million and provides funding for the replication of evidence-based programs proven to prevent unintended teen pregnancy and address underlying behavioral risk factors. Tier 2 totals \$25 million and provides funding to develop and test additional models and innovative strategies. A portion of the Tier 2 funds, \$15.2 million, was allocated for research and demonstration grants to test innovative approaches, while the remaining funding, \$9.8 million, was allocated for grants to support communitywide initiatives. TPPI also dedicates \$8.5 million in funding to conduct evaluations of individual programs.

TPPI Tier 1: Evidence-Based Programs

The TPPI Tier 1 grant program supports the replication of evidence-based programs proven effective through rigorous evaluation to prevent unintended teen pregnancy and minimize underlying behavioral risk factors, or other associated risk factors.

- There are no TPPI Tier 1 grantees in Connecticut.

TPPI Tier 2: Innovative Approaches

The TPPI Tier 2 grant program supports research and demonstration programs in order to develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy.

- There are no TPPI Tier 2 Innovative Approaches grantees in Connecticut.

TPPI Tier 2: Integrating Services, Programs, and Strategies through Communitywide Initiatives

The TPPI Tier 2 grant program also supports communitywide initiatives to reduce rates of teenage pregnancy and births in communities with the highest rates. The program awards grants to national organizations as well as state- and community-based organizations. Funded national partners provide training and technical assistance to local grantees. The Centers for Disease Control and Prevention (CDC) administer the grant program in partnership with OAH.

- There is one TPPI Tier 2 Communitywide Initiatives grantee in Connecticut, the City of Hartford Department of Health and Human Services, which received \$900,000 for FY 2013.

City of Hartford, \$900,000 (FY 2013)

The City of Hartford's Department of Health and Human Services implements the city's TPPI Tier 2 grant, which employs a multifaceted strategy to provide teen pregnancy prevention programming and clinical services to young people ages 13–19. The initiative primarily serves African-American and Latino young people from low-income communities. In addition, it works to educate community stakeholders and develop strategies to institutionalize programming and promote sustainability. The Department of Health and Human Services partners with several government agencies and local public and private entities to implement coordinated program services, including the Hartford Action Plan on Infant Health, Hartford Office of Youth Services, Hartford Public Schools system, 10 youth service agencies and six community health clinics, as well as additional private sector partners.¹⁸

Division of Adolescent and School Health

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

- There was one DASH grantee in Connecticut funded to strengthen student health through ESHE, SHS, and SSE in FY 2013, the Connecticut State Department of Education (\$225,000).

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

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

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

- There was one DASH grantee in Connecticut funded to collect and report YRBS and School Health Profiles data for FY 2013, the Connecticut State Department of Education (\$64,998).

Pregnancy Assistance Fund

The Pregnancy Assistance Fund (PAF), administered by OAH, provides expecting and parenting teens, women, fathers, and their families with a network of support services.

Established in FY 2010 through a 10-year authorization (FY 2010–FY 2019) in the Affordable Care Act (ACA), PAF is a \$25 million competitive grant program for state and tribal entities. PAF grants support programs that include at least one of the following four components: 1) support for expectant and parenting student services at institutions of higher education; 2) support for expectant and parenting teens, women, fathers, and their families at high schools and community centers; 3) improved services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking; and 4) increased public awareness and education services for expectant and parenting teens, women, fathers, and their families. Now in the second round of awards, PAF supports 17 entities in 14 states and three tribal entities, most of which focus their efforts on serving teen parents.

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

Connecticut State Department of Education, \$1,500,000 (FY 2013)

The Connecticut State Department of Education uses PAF to implement the school-based Connecticut Teen Parent Initiative in seven communities throughout the state: Bridgeport, Hartford, New Britain, New Haven, New London, Waterbury, and Windham. The program offers flexible schooling to help young parents complete high school, case management and family support, linkages and referrals to health services, child care and transportation services, parenting and life skills education and support services including home visiting, and fatherhood involvement services and supports.¹⁹

Personal Responsibility Education Program

The Personal Responsibility Education Program (PREP) totals \$75 million per year for FYs 2010–2014 and is the first-ever dedicated funding stream for more comprehensive approaches to sexuality education. The U.S. Department of Health and Human Services, Administration for Children and Families (ACF) administers the grant. PREP includes a \$55 million state grant program, \$10 million to fund local entities through the Personal Responsibility Education Innovative Strategies (PREIS) program, \$3.1 million for Tribal PREP, for tribes and tribal organizations, with remaining funds for evaluation, training, and technical assistance. In addition, provisions within the statute for PREP enable a competitive application process for community- and faith-based organizations within states and territories that do not directly seek PREP funding by the third year of the program; these competitive PREP (CPREP) grants were awarded to organizations in five states and three territories in FY 2013. Details on the state grant program, PREIS, Tribal PREP, and CPREP are included below.

PREP State-Grant Program

The PREP state-grant program supports evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other STDs. The grant program totals \$55 million per year and allocates funding to individual states. The grant does not require states to provide matching funds. Funded programs must discuss abstinence and contraception, and place substantial emphasis on both. Programs must also address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- The State of Connecticut Department of Public Health received \$562,594 in federal PREP funds for FY 2013.
- There are four sub-grantees for the Connecticut PREP state-grant program: Connecticut State Department of Education (\$36,000), the Connecticut Department of Children and Families (\$43,000), Partners in Social Research (\$170,253), and Planned Parenthood of Southern New England (\$208,755).²⁰

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The State of Connecticut Department of Public Health uses the state's PREP funds to provide school- and community-based programming to young people ages 13–19 who are in the child welfare system. Programming takes place in all counties and in Unified School District #2. The Connecticut PREP program addresses the following adult preparation topics: healthy relationships, adolescent development, and healthy life skills through the curricula *Making Proud Choices!*, *Reducing the Risk*, and *Teen Talk*, as well as the *Love Notes* supplement.²¹

Personal Responsibility Education Innovative Strategies (PREIS)

PREIS supports research and demonstration programs to develop, replicate, refine, and test innovative models for preventing unintended teen pregnancy. ACF administers the grant program in collaboration with OAH and provides a total of \$10 million in funding directly to local public and private entities.

- There is one PREIS grantee in Connecticut, The Village for Families & Children, Inc., which received \$832,467 for FY 2013.²²

The Village for Families & Children, Inc., \$832,467 (FY 2013)

The Village for Families & Children is a private, nonprofit mental health and human services agency that offers “programs and services for all age groups to ensure families and children in Hartford thrive physically and emotionally and become happy and productive citizens.”²³ The agency offers programs and services in three core areas: Placement and Permanency, including adoption, foster care, and family preservation programs; Children's Behavioral Health; and Family and Community Support.²⁴

The organization uses its PREIS funding to conduct a trial of *FatherWorks*, an intervention designed to reduce the incidence of repeat fatherhood among young men. The trial includes 330 young African-American and Latino men in Hartford and Hartford County, ages 15–24, who have fathered a child with a woman under the age of 21.

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of comprehensive teen pregnancy prevention programs within tribes and tribal communities. Tribal PREP programs target youth ages 10–19 who are in or are aging out of foster care, homeless youth, youth with HIV/AIDS, pregnant and/or parenting youth who are under 21 years of age, and youth who live in areas with high adolescent birth rates. Programs must address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- In FY 2013, 16 tribes and tribal organizations from nine states received a total of \$3.1 million.
- There are no Tribal PREP grantees in Connecticut.

Competitive Personal Responsibility Education Program (CPREP)

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

- There are no CPREP grantees in Connecticut.

Title V State Abstinence Education Grant Program

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

C O N N E C T I C U T

The Title V AOUM program requires states to provide three state-raised dollars or the equivalent in services for every four federal dollars received. The state match may be provided in part or in full by local groups.

All programs funded by Title V AOUM must promote abstinence from sexual activity as their exclusive purpose and may provide mentoring, counseling, and adult supervision toward this end. Programs must be medically accurate and age-appropriate and must ensure abstinence is an expected outcome.

- Connecticut chose not to apply for Title V AOUM funds for FY 2013.

Competitive Abstinence Education Grant Program

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

- There is one CAE grantee in Connecticut, the Greater Bridgeport Area Prevention Program (GBAPP, Inc.), which received \$421,516 in FY 2013. GBAPP utilizes its CAE funding to implement the *Promoting Health Among Teens (PHAT)* curriculum in schools in Bridgeport, focusing on reducing sexual initiation among urban minority youth ages 12–14 who are in seventh grade. GBAPP expects to serve at least 1,000 students by the end of the two-year grant period and offers parent workshops, a staffed mobile text line for students, and direct client referrals.²⁵

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

Grantee	Award	Fiscal Years
Teen Pregnancy Prevention Initiative (TPPI)		
<i>TPPI Tier 2: Communitywide Initiatives</i>		
City of Hartford	\$900,000	2010–2014
TOTAL	\$900,000	
Division of Adolescent and School Health (DASH)		
Connecticut State Department of Education	\$289,998	2013–2017
TOTAL	\$289,998	
Pregnancy Assistance Fund (PAF)		
Connecticut State Department of Education	\$1,500,000	2013
TOTAL	\$1,500,00	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
State of Connecticut Department of Public Health (federal grant)	\$562,594	2013
TOTAL	\$562,594	

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Grantee	Award	Fiscal Years
<i>Personal Responsibility Education Innovative Strategies</i>		
The Village for Families & Children, Inc.	\$832,467	2010–2014
TOTAL	\$832,467	
Competitive Abstinence Education Grant (CAE)		
GBAPP, Inc.	\$421,516	2013
TOTAL	\$421,516	
GRAND TOTAL	\$4,506,575	2013

POINT OF CONTACT

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

² Conn. Gen. Stat. § 164-10-19(b) <http://www.cga.ct.gov/2011/pub/chap164.htm#Sec10-19.htm>.

³ Conn. Gen. Stat. § 164-10-16(c) <http://www.cga.ct.gov/2011/pub/chap164.htm#Sec10-16c.htm>.

⁴ Kann, Laura, et al., "Youth Risk Behavior Surveillance—United States, 2013," *Surveillance Summaries, Morbidity and Mortality Weekly Report*, Vol. 63, No. 4 (June 13, 2014), accessed July 17, 2014, <http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf>.

⁵ Kost, K., and S. Henshaw, *U.S. Teenage Pregnancies, Births, and Abortions, 2010: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), accessed July 8, 2014, <http://www.guttmacher.org/pubs/USTPtrends10.pdf>, Table 3.1.

⁶ Ibid., Table 3.2.

⁷ Martin, J.A., et al., *Births: Final Data for 2012*. National Vital Statistics Reports Vol. 62, No. 9 (December 30, 2013), accessed July 30, 2014, http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf, Table 12.

⁸ Centers for Disease Control and Prevention, VitalStats Interactive Data Tables, Hyattsville, MD: National Center for Health Statistics, <http://www.cdc.gov/nchs/vitalstats.htm>.

⁹ Kost, K., and S. Henshaw, *U.S. Teenage Pregnancies, Births, and Abortions, 2010: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), accessed July 8, 2014, <http://www.guttmacher.org/pubs/USTPtrends10.pdf>, Table 3.1.

¹⁰ Ibid., Table 3.2.

¹¹ Slide 9: "Rates of Diagnosis of HIV Infection among Adolescents Aged 13–19 Years, 2011—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

¹² Slide 18: "Rates of Stage 3 (AIDS) Classifications among Adolescents Aged 13–19 Years with HIV Infection, 2011—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

¹³ Slide 10: "Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years, 2011—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

¹⁴ Slide 19: “Rates of Stage 3 (AIDS) Classifications among Adolescents Aged 20–24 Years with HIV Infection, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

¹⁵ NCHHSTP Atlas, “STD Surveillance Data” (Atlanta, GA: Centers for Disease Control and Prevention), accessed June 10, 2013, <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ “Teenage Pregnancy Prevention: Integrating Services, Programs, and Strategies through Communitywide Initiatives—State- and Community-Based Organizations,” Division of Reproductive Health, Centers for Disease Control and Prevention, March 2, 2011, accessed August 29, 2011, <http://www.cdc.gov/TeenPregnancy/State-Community-Orgs.htm>.

¹⁹ “Connecticut State Department of Education (CT) - Pregnancy Assistance Fund,” Office of Adolescent Health, U.S. Department of Health and Human Services, accessed September 23, 2014, <http://www.hhs.gov/ash/oah/grants/grantees/paf-ct.html>.

²⁰ Information provided by Donna Maselli, state women’s health coordinator, Connecticut Department of Public Health, June 2, 2014.

²¹ Ibid.

²² The grantee declined to provide SIECUS with any updated information for FY 2013. Information provided is from FY 2011.

²³ “FatherWorks Program,” The Village for Family and Children, Inc., accessed September 5, 2011, <http://www.villageforchildren.org/program/fatherworks>.

²⁴ “Welcome to the Village,” The Village for Families & Children, Inc., accessed August 29, 2011, <http://www.villageforchildren.org>.

²⁵ Information provided by Valerie Sorrentino, GBAPP, Inc., July 22, 2014.