

March 9, 2018

The Honorable Roy Blunt
Chairman
Subcommittee on Labor, Health, and Human
Services, Education, and Related Agencies
U.S. Senate Appropriations Committee
Washington, DC 20510

The Honorable Patty Murray
Ranking Member
Subcommittee on Labor, Health, and Human
Services, Education, and Related Agencies
U.S. Senate Appropriations Committee
Washington, DC 20510

The Honorable Rosa DeLauro
Chairwoman
Subcommittee on Labor, Health, and Human
Services, Education, and Related Agencies
U.S. House Appropriations Committee
Washington, DC 20515

The Honorable Tom Cole
Ranking Member
Subcommittee on Labor, Health, and Human
Services, Education, and Related Agencies
U.S. House Appropriations Committee
Washington, DC 20515

Dear Chairman Blunt, Ranking Member Murray, Chairwoman DeLauro, and Ranking Member Cole:

The undersigned XX organizations committed to supporting the sexual and reproductive health and rights of young people, request your support for fiscal year (FY) 2020 funding that helps to ensure the health of our nation's youth. We urge you to protect the integrity of, and additional funding for, the Office of Adolescent Health's Teen Pregnancy Prevention Program (TPPP) and increase support for the Centers for Disease Control and Prevention's (CDC) school based HIV prevention efforts. We also encourage the elimination of the abstinence-only "sexual risk avoidance" competitive grant program.

Young people face barriers to accessing health information, education, and services, resulting in persistent inequity and health disparities. While a young person's health and wellbeing is about more than just the absence of disease, or in the case of sexual health, the absence of HIV and other STIs, unintended pregnancy, or sexual violence, the adolescent data on these points alone, remain largely unchanged and alarming in recent years.

You've likely seen some of these statistics: young people under the age of 25 account for more than 1 in 5 new HIV infections;¹ half of the nearly 20 million estimated new STI cases each year

¹ Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services (HHS), HIV among youth, 2017, www.cdc.gov/hiv/group/age/youth/index.html.

in the U.S. occur among those ages 15-24;² 75% of pregnancies among young people ages 15-19 are unintended compared to an overall unintended pregnancy rate of 45% across all age groups;³ and 7% of high school students reported being sexually assaulted by a partner.⁴

Marginalized young people, such as young people of color, LGBTQ young people, and adolescents with differing abilities, face disproportionate indicators of a lack of systemic supports for their sexual health. Lesbian, gay, and bisexual high school students, for example, are more than twice as likely as their heterosexual peers to experience partner violence, be sexually assaulted by a partner, or be forced to have sex.⁵ Further, 35% of transgender students report experiencing bullying at school, and the same percentage have attempted suicide.⁶

This data continues to highlight the importance of additional resources to better meet the needs of young people, particularly as the availability and quality of sexual health information and sexuality education varies drastically across the country. Less than 40% of all high schools and only 14% of middle schools in the U.S. provide all of the 19 topics the CDC has deemed essential to ensuring sexual health.⁷

Fortunately, research has shown us how we can better assist young people in leading healthy lives. Access to medically accurate programs that include sexual health information beyond abstinence works to promote adolescent health. These programs help young people determine if and when to have sex, teach them how to use condoms and contraception when they do so, and reduce unintended pregnancies.⁸ Programs that are inclusive of LGBTQ youth and

² National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, CDC, HHS, Sexually Transmitted Disease Surveillance 2017: STDs in Adolescents and Young Adults, Atlanta: CDC, 2018, <https://www.cdc.gov/std/stats17/adolescents.htm#ref1>.

³ Guttmacher Institute, Adolescent sexual and reproductive health in the United States, Fact Sheet, New York: Guttmacher Institute, 2017, www.guttmacher.org/fact-sheet/american-teens-sexual-and-reproductive-health.

⁴ Kann L et al., Youth risk behavior surveillance – United States, 2017, Morbidity and Mortality Weekly Report (MMWR), 2018, Vol. 67, No. 8, <https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/ss6708.pdf>.

⁵ Kann L, Sexual identity, sex of sexual contacts, and health-related behaviors among students in grades 9-12—United States and selected states, 2015, MMWR, 2016, Vol. 65, No. 9, www.cdc.gov/mmwr/indss_2016.html.

⁶ Johns MM et al., Transgender Identity and Experiences of Violence Victimization, Substance Use, Suicide Risk, and Sexual Risk Behaviors Among High School Students — 19 States and Large Urban School Districts, 2017, <https://www.cdc.gov/mmwr/volumes/68/wr/mm6803a3.htm>.

⁷ Brener ND, Demissie Z, McManus T, Shanklin SL, Queen B, Kann L. School Health Profiles 2016: Characteristics of Health Programs Among Secondary Schools. Atlanta: Centers for Disease Control and Prevention; 2017. https://www.cdc.gov/healthyyouth/data/profiles/pdf/2016/2016_Profiles_Report.pdf.

⁸ Secura GM et al., Provision of no-cost, long-acting contraception and teenage pregnancy, *New England Journal of Medicine*, 2014, 371(14):1316–1323; Community Preventive Services Task Force, HIV/AIDS, other STIs, and teen pregnancy: group-based comprehensive risk reduction interventions for adolescents, 2012, www.thecommunityguide.org/hiv/riskreduction.html.

LGBTQ-related resources ultimately promote academic achievement and overall health.⁹ Equipping young people with sexual decision-making and relationship skills results in safer sexual behaviors. Additionally, promoting gender equity reduces physical aggression between intimate partners and improves safer sex practices for all genders.¹⁰

Support Congressional Intent and Funding for TPPP

Provide \$130 million in budget authority and \$6.8 million in evaluation transfer authority to support the continuation of a wide-range of evidence-based and informed community approaches to healthy youth development and unintended pregnancy prevention. This additional funding would enable the expansion of trained educators, community partnerships, young people served, and the body of evidence available to best meet their needs.

TPPP was established in 2010 to support community-driven, evidence-based or informed, medically accurate, and age-appropriate approaches to preventing pregnancy among adolescents, involving parents, educators, researchers, and providers. In the first five years of TPPP alone, more than 7,000 professionals were trained, 3,000 community-based partnerships were developed, eight new innovative programs were identified as contributing to positive health behavior change, and over half a million young people were served. Prior to attacks on future funding and the early termination of 84 projects spanning 33 states, DC, and the Marshall Islands--from five years to three--the second program round was on track to reach 1.2 million young people.¹¹ Courts have found that the grant-shortening was unlawful, as was the April 2018 Tier 1 Funding Opportunity Announcement, which violated TPPP's appropriations language.

In addition, TPPP evaluation funds have been used to examine the efficacy of programs to inform new and innovative adolescent health promotion approaches. The findings from evaluations of the first TPPP grant cycle contributed to the body of evidence that guides educators in making program decisions and highlighted the importance of continued investment in new programs and strategies for various settings and audiences.¹² Learning both what works and what doesn't to support adolescent health is equally important; in building this evidence base and sharing it with communities and educators, TPPP is promoting a science-based approach to the prevention of unintended pregnancy among young people.

⁹ Schalet AT et al., Invited commentary: broadening the evidence for adolescent sexual and reproductive health and education in the United States, *Journal of Youth and Adolescence*, 2014, 43(10):1595–1610, <http://link.springer.com/article/10.1007/s10964-014-0178-8>.

¹⁰ *Ibid.*

¹¹ OAH, HHS, *HHS Office of Adolescent Health Fiscal Year 2016 Annual Report*, Rockville, MD: HHS, 2016, www.hhs.gov/ash/oah/sites/default/files/2016-annual-report.pdf.

¹² Margolis AL and Roper YV, Practical experience from the Office of Adolescent Health's large scale implementation of an evidence-based Teen Pregnancy Prevention Program, *Journal of Adolescent Health*, 2014, 54(3):S10-S14, [www.jahonline.org/article/S1054-139X\(13\)00791-X/fulltext](http://www.jahonline.org/article/S1054-139X(13)00791-X/fulltext).

Support Funding for CDC's School Based HIV Prevention

Provide \$50 million for CDC's school-based HIV prevention efforts within the Division of Adolescent and School Health (DASH) to enable robust assistance to states, districts, and schools in their efforts to support student health and to lead research on school health and a range of adolescent health behaviors.

The CDC provides a unique source of support for adolescent health education in our nation's schools by seeking to promote education, health access, and environments where young people can gain fundamental health knowledge and skills and establish healthy behaviors. Currently, DASH provides funding to 28 school districts across the country to implement school-based HIV and STI prevention programs in schools, integrating substance use prevention, violence prevention, and other public health approaches. DASH works with districts to implement school-based programs and practices designed to reduce HIV and other STIs among young people in three core strategies, including strengthening sexual health education, increasing adolescent access to key sexual health services, and establishing safe and supportive environments for students. The work within DASH expands the research and evidence base of how to best meet the needs of young people, including LGBTQ youth and other marginalized adolescents.

End Abstinence-Only Funding

Eliminate funding for the abstinence-only-until-marriage "sexual risk avoidance" competitive grant program, putting an end to harmful programs, regardless of new packaging, that have been proven ineffective at their primary goal of young people delaying sex until marriage.

Despite more than two decades of rigorous research demonstrating that programs with the sole aim of promoting abstinence until marriage are ineffective at this primary goal, over \$2 billion in federal funding alone has been wasted on this stigmatizing approach. In addition to violating young people's human rights, federally-funded and independent analyses alike have found that youth participating in such programs were no more likely to abstain from premarital sexual activity than those who did not participate in the program.¹³ Moreover, regardless of what they are called, abstinence-only programs withhold necessary and lifesaving information that allow young people to make informed and responsible decisions about their own health. These programs have been found to include content that reinforces gender stereotypes; ostracizes and denigrates lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ) youth; stigmatizes sexually active young people and pregnant or parenting youth; and fails to respect the

¹³ Santelli J et al., Abstinence-only-until-marriage: an updated review of U.S. policies and programs and their impact, *Journal of Adolescent Health*, 2017, 61(3):273–280, www.jahonline.org/article/S1054-139X%2817%2930260-4/fulltext#sec10.

needs of youth who have experienced sexual abuse or assault.¹⁴ Rather than supporting the needs of young people, abstinence-only programs undermine opportunities to empower youth to make informed decisions about their health and wellbeing.

Young people deserve access to the information, education, and resources they need to make healthy decisions about their lives. Significantly more can, and needs, to be done to support the sexual health education of our nation's youth. Supporting these requests in the FY 2020 funding is an essential step in the right direction.

Thank you for your consideration of our request to support the health and wellbeing of young people.

Sincerely,

¹⁴ The Society for Adolescent Health and Medicine, Abstinence-only-until-marriage policies and programs: an updated position paper of the Society for Adolescent Health and Medicine, *Journal of Adolescent Health*, 2017, 61(3): 400–403, [www.jahonline.org/article/S1054-139X\(17\)30297-5/fulltext](http://www.jahonline.org/article/S1054-139X(17)30297-5/fulltext).