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

MARYLAND

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

- **Division of Adolescent and School Health funds totaling $79,413**
- **Personal Responsibility Education Program funds totaling $869,174**
- **Title V State Abstinence Education Program funds totaling $746,597**

In Fiscal Year 2017, local entities in Maryland received:

- **Division of Adolescent and School Health funds totaling $50,000**
- **Teen Pregnancy Prevention Program funds totaling $3,352,072**

SEXUALITY EDUCATION LAW AND POLICY

STATE LAW

Maryland Code of Public General Laws §7–401 requires instruction in health education and the joint development of standards and guidelines for school health programs by the Departments of Education and Health and Mental Hygiene.[2] The Administrative Regulation fulfilling this requirement, Md. Code Regs. 13A.04.18.01, mandates that each local school board work with its county health department to establish a broad school health education program, including "Family Life and Human Sexuality" and "Disease Prevention and Control" instruction, both of which encompass sex education topics, including human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) education.[3] The goals are to enable students to "demonstrate the ability to use human development knowledge, social skills, and health enhancing strategies to promote positive relationships and healthy growth and development throughout the lifecycle;"[4] and "demonstrate the ability to apply prevention and treatment knowledge, skills, and strategies to reduce susceptibility and manage disease."[5]

The family life and human sexuality component of Maryland's health education instruction is required to "begin in or prior to the fifth grade," and "as shortly in advance of puberty as is practical."[6] Determination of which grade is left to each local school board.[7]

Schools must provide parents or guardians the opportunity to view all instructional materials prior to their use, and parents or guardians may remove their children from any or all "Family Life and Human Sexuality" classes.[8] This is referred to as an "opt-out" policy.

STATE STANDARDS

Curriculum development is guided by Maryland's health education standards, "*Maryland Health Education State Curriculum.*" Family life and human sexuality is included in grades K-12. Sexual identity, abstinence, contraception, HIV, and other sexually transmitted diseases (STDs) are all topics of instruction within this recommended framework.

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*.

MARYLAND YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA[9]

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 Maryland. 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."[10]

Reported ever having had sexual intercourse

- In 2015, 29.8% of female high school students and 35% of male high school students in Maryland 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, 45.7% of lesbian, gay, or bisexual (LGB) high school students, 28.1% of high school students who were unsure of their sexual orientation, and 31.1% of heterosexual high school students in Maryland 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, 40% of American Indian/Alaska Native (AI/AN) high school students, 9.5% of Asian high school students, 37.4% of black high school students, 37.3% of Hispanic high school students, 41% of Native Hawaiian or other Pacific Islander (NHOPI) high school students, 30.3% of white high school students, and 35.1% of high school students who identified as multiple races in Maryland reported ever having had sexual intercourse, compared to 39.1% of AI/AN high school students, 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, 2.4% of female high school students and 7.8% of male high school students in Maryland 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, 9.1% of LGB high school students, 9.6% of high school students who were unsure of their sexual orientation, and 4.3% of heterosexual high school students in Maryland 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, 9.4% of AI/AN high school students, 1.4% of Asian high school students, 7.9% of black high school students, 6.8% of Hispanic high school students, 10.9% of NHOPI high school students, 2.7% of white high school students, and 6.6% of high school students who identified as multiple races in Maryland reported having had sexual intercourse before age 13, compared to 1.8% of AI/AN high school students, 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, 22.1% of female high school students and 23% of male high school students in Maryland 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, 30.9% of LGB high school students, 21.1% of high school students who were unsure of their sexual orientation, and 21.7% of heterosexual high school students in Maryland 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, 28.6% of AI/AN high school students, 6% of Asian high school students, 24.8% of black high school students, 24.4% of Hispanic high school students, 31.9% of NHOPI high school students, 22.5% of white high school students, and 23.4% of high school students who identified as multiple races in Maryland reported being currently sexually active, compared to 31.5% of AI/AN high school students, 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, 44.4% of female high school students and 32.7% of male high school students in Maryland 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, 55% of LGB high school students, 56.4% of high school students who were unsure of their sexual orientation, and 35.7% of heterosexual high school students in Maryland 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, 37% of AI/AN high school students, 35.9% of Asian high school students, 33.9% of black high school students, 42.4% of Hispanic high school students, 40.7% of white high school students, and 44.6% of high school students who identified as multiple races in Maryland 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, 15.3% of female high school students and 13.8% of male high school students in Maryland 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, 32.9% of LGB high school students, 24.4% of high school students who were unsure of their sexual orientation, and 11.4% of heterosexual high school students in Maryland 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, 10.6% of AI/AN high school students, 14.5% of Asian high school students, 17.5% of black high school students, 21% of Hispanic high school students, 22.2% of NHOPI high school students, 10.6% of white high school students, and 16.2% of high school students who identified as multiple races in Maryland 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 intercourse[11]

- In 2015, 21.2% of female high school students and 26.1% of male high school students in Maryland 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, 30.7% of LGB high school students, 45.1% of high school students who were unsure of their sexual orientation, and 21.7% of heterosexual high school students in Maryland 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, 34.2% of AI/AN high school students, 27.7% of Asian high school students, 18.7% of black high school students, 28.1% of Hispanic high school students, 25.7% of white high school students, and 23.2% of high school students who identified as multiple races in Maryland 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, 87.1% of female high school students and 85.8% of male high school students in Maryland 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, 77.1% of LGB high school students, 83.1% of high school students who were unsure of their sexual orientation, and 87.8% of heterosexual high school students in Maryland 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, 81.7% of AI/AN high school students, 93.3% of Asian high school students, 81.6% of black high school students, 84% of Hispanic high school students, 81% of NHOPI high school students, 90.3% of white high school students, and 86.2% of high school students who identified as multiple races in Maryland reported never having been tested for HIV, compared to 88.6% of AI/AN high school students, 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, 9.9% of female high school students and 6.2% of male high school students in Maryland 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, 17.9% of LGB high school students, 16.6% of high school students who were unsure of their sexual orientation, and 6.3% of heterosexual high school students in Maryland 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, 14.2% of AI/AN high school students, 5.9% of Asian high school students, 8% of black high school students, 12.3% of Hispanic high school students, 14.6% of NHOPI high school students, 6.6% of white high school students, and 9.8% of high school students who identified as multiple races in Maryland reported having been physically forced to have sexual intercourse, compared to 6.6% of AI/AN high school students, 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, 11.2% of female high school students and 8.5% of male high school students in Maryland 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, 20.5% of LGB high school students, 22.4% of high school students who were unsure of their sexual orientation, and 7.7% of heterosexual high school students in Maryland 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, 16.1% of AI/AN high school students, 7.2% of Asian high school students, 9.2% of black high school students, 13.8% of Hispanic high school students, 18.9% of NHOPI high school students, 8.7% of white high school students, and 13% of high school students who identified as multiple races in Maryland reported experiencing physical dating violence in the prior year, compared to 9.6% of AI/AN high school students, 4.6% of Asian high school students, 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, 13.1% of female high school students and 6.9% of male high school students in Maryland 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, 20.6% of LGB high school students, 27.1% of high school students who were unsure of their sexual orientation, and 7.8% of heterosexual high school students in Maryland 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, 16.2% of AI/AN high school students, 8.6% of Asian high school students, 7.8% of black high school students, 14.3% of Hispanic high school students, 19.5% of NHOPI high school students, 10.1% of white high school students, and 12.9% of high school students who identified as multiple races in Maryland reported experiencing sexual dating violence in the prior year, compared to 10.5% of AI/AN high school students, 10.5% of Asian high school students, 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 *Health Risks Among Sexual Minority Youth* report for additional information on sexual behaviors.

MARYLAND SCHOOL HEALTH PROFILES DATA[12]

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.[13] 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 Maryland 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

<u>Reported teaching all 16 critical sexual health education topics</u>

- 18.2% of Maryland secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 6, 7, or 8.[14]

- 67.9% of Maryland secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 9, 10, 11, or 12.[15]

<u>Reported teaching about the benefits of being sexually abstinent</u>

- 81.7% of Maryland secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.[16]

- 99.1% of Maryland secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 9, 10, 11, or 12.[17]

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

- 70.8% of Maryland 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.[18]

- 95.7% of Maryland 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.[19]

Reported teaching how to create and sustain healthy and respectful relationships

- 81.1% of Maryland 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.[20]

- 98.3% of Maryland 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.[21]

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

- 70.2% of Maryland 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.[22]

- 96.3% of Maryland 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.[23]

Reported teaching how to correctly use a condom

- 28% of Maryland secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.[24]

- 75.4% of Maryland secondary schools taught students how to correctly use a condom in a required course in any of grades 9, 10, 11, or 12.[25]

Reported teaching about all seven contraceptives

- 70.6% of Maryland 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.[26]

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

- 28.7% of Maryland secondary schools provided students with curricula or supplementary materials that included HIV, STD, or pregnancy prevention information relevant to LGBTQ youth.[27]

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

MARYLAND 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, Maryland had the 24th highest reported teen pregnancy rate in the United States, with a rate of 42 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 43 per 1,000.[28] There were a total of 8,030 pregnancies among young women ages 15–19 reported in Maryland in 2013.[29]

- In 2015, Maryland had the 40th highest reported teen birth rate in the United States, with a rate of 17 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.[30] There were a total of 3,214 live births to young women ages 15–19 reported in Maryland in 2015.[31]

- In 2013, Maryland had the 2nd highest teen abortion rate[32] in the United States, with an estimated[33] rate of 17 abortions per 1,000 young women ages 15–19, compared to the national rate of 11 per 1,000.[34] There were an estimated total of 3,270 abortions among young women ages 15–19 in Maryland in 2013.[35]

HIV and AIDS

- In 2015, the reported rate of diagnoses of HIV infection among adolescents ages 13–19 in Maryland was 8.8 per 100,000, compared to the national rate of 5.8 per 100,000.[36]

- In 2015, the reported rate of AIDS diagnoses among adolescents ages 13–19 in Maryland was 1.7 per 100,000, compared to the national rate of 0.7 per 100,000.[37]

- In 2015, the reported rate of diagnoses of HIV infection among young adults ages 20–24 in Maryland was 52.1 per 100,000, compared to the national rate of 31.1 per 100,000.[38]

- In 2015, the reported rate of AIDS diagnoses among young adults ages 20–24 in Maryland was 10.8 per 100,000, compared to the national rate of 5.6 per 100,000.[39]

STDs

- In 2015, Maryland had the 19th highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 1,968.2 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 7,615 cases of chlamydia among young people ages 15–19 reported in Maryland.[40]

- In 2015, Maryland had the 15th highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 374.8 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 1,450 cases of gonorrhea among young people ages 15–19 reported in Maryland.[41]

- In 2015, Maryland 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 22 cases of syphilis reported among young people ages 15–19 in Maryland.[42]

Visit the Office of Adolescent Health's (OAH) Maryland 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 MARYLAND

Grantee	Award
Division of Adolescent and School Health (DASH)	
Maryland State Department of Education	$79,413
Baltimore City Public Schools	$50,000
TOTAL	**$129,413**
Teen Pregnancy Prevention Program (TPPP)	
TPPP Tier 1B	
Baltimore City Health Department	$1,749,000
TOTAL	**$1,749,000**
TPPP Tier 2B	
Healthy Teen Network, Inc.	$723,000
Johns Hopkins University	$880,072
TOTAL	**$1,603,072**
Personal Responsibility Education Program (PREP)	

PREP State-Grant Program	
Maryland Department of Health and Mental Hygiene (federal grant)	$869,174
TOTAL	**$869,174**
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)	
Maryland Department of Health and Mental Hygiene (federal grant)	$746,597
TOTAL	**$746,597**
GRAND TOTAL	**$5,097,256**

DIVISION OF ADOLESCENT AND SCHOOL HEALTH

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

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

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

- In FY 2017, there are no DASH grantees in Maryland 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 Maryland funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): The Maryland State Department of Education ($79,413) and Baltimore City Public Schools ($50,000).

TEEN PREGNANCY PREVENTION PROGRAM (TPPP)

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 Maryland.

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

- In FY 2017, there was one TPPP Tier 1B grantee in Maryland: The Baltimore City Health Department ($1,749,000).

BALTIMORE CITY HEALTH DEPARTMENT (BCHD), $1,749,000 (FY 2017)
BCHD, along with Baltimore City Schools and seven Title X clinics, will use the TPPP Tier 1B funds to run the U Choose Coalition for young people ages 12-19 in Baltimore City. The project is intended to decrease the teen birth rate by 30 percent by targeting disparities among African American and Hispanic teens and delivering evidence-based programming to them. The program will use the following curricula: *It's Your Game: Keep It Real (IYG)*, *Be Proud! Be Responsible!*, and *Seventeen Days*. BCHD aims to serve at least 15,000 young people per year.[43]

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 Maryland.

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

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

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

- In FY 2017, there were two TPPP Tier 2C grantees in Maryland: Healthy Teen Network, Inc., ($723,000) and Johns Hopkins University ($880,072).
- These local organizations in Maryland received a total $1,603,072 in TPPP Tier 2C funding.

HEALTHY TEEN NETWORK, INC. (HTN), $723,000 (FY 2017)
HTN is a national membership non-profit organization located in Baltimore. The organization focuses on health from a holistic perspective and works primarily with other organizations and professionals that improve the wellbeing of adolescents.[44] The organization achieves its mission to promote better health outcomes through five strategies: networking and dissemination, research and evaluation, capacity-building assistance, leader development, and public policy.[45] With its TPPP funding, HTN will implement and evaluate "Pulse", a mobile application based on the theory of planned behavior and self-efficacy, available in English and Spanish and designed to "promote sexual and reproductive health and reduce pregnancies."[46] The nine-month evaluation will consist of a randomized controlled trial involving 2,000 girls nationwide.

The application's impact will be measured by changes in use of effective birth control and clinic utilization for sexual and reproductive health services.[47]

JOHNS HOPKINS UNIVERSITY (JHU), $880,072 (FY 2017)
JHU is a private research university located in Baltimore. With TPPP funding, JHU will implement and evaluate the intervention, Respecting the Circle of Life: Mind, Body, and Spirit (RCL). This theory-based program is specifically aimed at reducing and changing behaviors that result in sexually transmitted infections (STIs) and pregnancy using skill-building activities, role-plays, education, and a family-based component. The program is delivered in small, self-selected groups of young American Indians ages 13-19 and their parent or close family member living on a rural Apache reservation in Arizona. JHU aims to serve 189 young people per year.[48]

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 Maryland Department of Health and Mental Hygiene received $869,174 in federal PREP funds.[49]
- At the time of publication, information as to Maryland's use of FY 2017 PREP state-grant funds was unknown. The following information reflects implementation of FY 2015 funds during FY 2016.

- The Department awards sub-grants to eight local health departments and their partners. The sub-grantee information is listed below.[50]

Sub-grantee	Serving	Amount
The After-School Institute	See narrative below	$29,000
Allegany County Health Department	See narrative below	$40,000
Anne Arundel County Health Department	See narrative below	$38,000
Baltimore City Health Department	See narrative below	$390,000
Prince George's County Health Department	See narrative below	$85,000
Washington County Health Department	See narrative below	$55,000
Wicomico County Health Department	See narrative below	$55,000
Worcester County Health Department	See narrative below	$55,000

Maryland's PREP state-grant program is managed by the Maternal and Child Health Bureau of the Maryland Department of Health and Mental Hygiene. The department funds eight local health departments and their partners to provide programming in both school and community-based settings. PREP funds serve young people ages 10–19 living in detention centers, group homes, and substance abuse treatment centers and adolescents ages 20–21 in foster care. Programming takes place in Allegany, Washington, and Worcester counties. Sub-grantees will address adolescent development, parent-child communication, healthy life skills, financial literacy, healthy relationships, and educational and career success using the following approved curricula: *Making Proud Choices!* and *Promoting Health Among Teens! (PHAT) – Comprehensive*.[51]

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 Maryland.

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 Maryland.

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, Maryland received PREP state-grant funding; therefore, entities in Maryland 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.[52]

- In FY 2017, the Maryland Department of Health and Mental Hygiene received $746,597 in federal Title V AOUM funding.[53]
- At the time of publication, information as to Maryland's use of FY 2017 Title V AOUM funds was unknown. The following information reflects implementation of FY 2015 funds during FY 2016.
- The Department chose to sub-grant funds to seven local counties across the state. The sub-grantee information is listed below.[54]
- In Maryland, sub-grantees contribute to the match through in-kind funds.

Sub-grantee	Serving	Amount
Caroline County	Not reported	$45,000
Garrett County	Not reported	$40,000
Prince George's County	Not reported	$125,000
Somerset County	Not reported	$40,000
Washington County	Not reported	$45,000
Wicomico County	Not reported	$45,000
Worcester County	Not reported	$45,000

Maryland's Title V AOUM grant is administered by the Maternal and Child Health Bureau of the Maryland Department of Health and Mental Hygiene. The grant is being used to fund seven local counties across the state to administer both school- and community-based programs. The education program targets young people ages 10-19 who live in communities with higher rates of adolescent pregnancy, and includes some activities for parents and caregivers. The program is primarily implemented in public elementary, middle, and some high schools. All schools use the *Promoting Health Among Teens (PHAT) – Abstinence Only Intervention* evidence-based curriculum except for Prince George's County, which uses the *Making a Difference* evidence-based curriculum.[55]

"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 Maryland.

POINTS OF CONTACT

DASH Contacts

Alexia McCain
Coordinator, Health Education
Baltimore City Public Schools
200 E. North Ave.
Baltimore, MD 21202
Phone: (410) 585-5542
Email: AMcCain@bcps.k12.md.us

Alicia Mezu
Health Services Specialist
Maryland State Department of Education
200 West Baltimore St.
Baltimore, MD 21201
Phone: (410) 767-0353
Fax: (410) 333-8148
Email: AMezu@msde.state.md.us

TPPP Contacts

Allison Barlow
Project Director
Johns Hopkins University
Phone: (410) 922-6931
Email: ABarlow@jhu.edu

Jennifer Manlove
Evaluator
Healthy Teen Network, Inc.
Email: JManlove@childtrends.org

Genevieve Martinez Garcia
Project Director
Healthy Teen Network, Inc.
Phone: (410) 685-0410 ext. 113
Email: Genevieve@healthyteennetwork.org

Lauren Tingey
Evaluator
Johns Hopkins University
Email: LTingey1@jhu.edu

Catherine Watson
Baltimore City Health Department
Phone: (410) 396-0842
Email: Cathy.Watson@baltimorecity.gov

PREP State-Grant Program Contact

Patricia Jones
State PREP Coordinator
Prevention and Health Promotion Administration
Maryland Department of Health and Mental Hygiene
201 W. Preston St., Room 309
Baltimore, MD 21201
Phone: (410) 767-5483
Email: Patricia.Jones@maryland.gov

Title V AOUM Program Contact

Jed Miller, Chief
Child and Adolescent Health
Phone: (410) 767-5592
Email: jed.miller1@maryland.gov

---

[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] Maryland Code of Public General Laws §7–401(a) and (b), www.mgaleg.maryland.gov/webmga/frmStatutesText.aspx?article=ged&section=7-401&ext=html&session=2016RS&tab=subject5.
[3] Maryland Regulations 13A.04.18.01, www.dsd.state.md.us/comar/getfile.aspx?file=13a.04.18.01.htm.
[4] Maryland Regulations 13A.04.18.01(F)(1), www.dsd.state.md.us/comar/getfile.aspx?file=13a.04.18.01.htm.
[5] Maryland Regulations 13A.04.18.01(I)(1), www.dsd.state.md.us/comar/getfile.aspx?file=13a.04.18.01.htm.
[6] Maryland Regulations 13A.04.18.01(F)(3)(b) and (c), www.dsd.state.md.us/comar/getfile.aspx?file=13a.04.18.01.htm.
[7] Maryland Regulations 13A.04.18.01(I)(4), www.dsd.state.md.us/comar/getfile.aspx?file=13a.04.18.01.htm.
[8] Maryland Regulations 13A.04.18.01(F)(5) and (6) and (I)(2)(a), www.dsd.state.md.us/comar/getfile.aspx?file=13a.04.18.01.htm.
[9] "Youth Online," Centers for Disease Control and Prevention, https://nccd.cdc.gov/youthonline/App/Default.aspx.
[10] "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.
[11] 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.
[12] "School Health Profiles 2014," Centers for Disease Control and Prevention, https://nccd.cdc.gov/youthonline/App/Default.aspx.

[13] Ibid., pg. 51.
[14] Ibid., Table 9c.
[15] Ibid., Table 11c.
[16] Ibid., Table 9a.
[17] Ibid., Table 11a.
[18] Ibid., Table 9a.
[19] Ibid., Table 11a.
[20] Ibid., Table 9b.
[21] Ibid., Table 11b.
[22] Ibid., Table 9b.
[23] Ibid., Table 11b.
[24] Ibid., Table 9c.
[25] Ibid., Table 11c.
[26] Ibid., Table 13.
[27] Ibid., Table 39.
[28] 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.
[29] Ibid., Table 2.6.
[30] "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.
[31] 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.
[32] "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.
[33] This estimate is based on the number of abortions among all women in the state and the proportion of abortions obtained by women of the same age in neighboring states (District of Columbia, Delaware, Pennsylvania, West Virginia, and Virginia).
[34] 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.
[35] Ibid., Table 2.6.
[36] 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.
[37] 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.
[38] 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.
[39] 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.
[40] NCHHSTP Atlas, "STD Surveillance Data" (Atlanta, GA: Centers for Disease Control and Prevention), http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html.
[41] Ibid.
[42] Ibid.
[43] "Baltimore City Health Department," Grantees (MD) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/1b/baltimore-city-health-department.html.
[44] "About Us," Healthy Teen Network, Inc., www.healthyteennetwork.org/about-us.
[45] "What We Do," Healthy Teen Network, Inc., www.healthyteennetwork.org/what-we-do.

[46] "Healthy Teen Network, Inc.," Grantees (MD) – TPP Tier 2B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/2b/healthy-teen-network-inc.html.
[47] Ibid.
[48] "John Hopkins University," Grantees (MD) – TPP Tier 2B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/2b/johns-hopkins-university.html.
[49] "2017 State Personal Responsibility Education Program (PREP) Awards," Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/2017-state-prep-awards.
[50] Information provided by Patricia I. Jones, State PREP Coordinator, Maternal and Child Health Bureau, Prevention and Health Promotion Administration, Maryland Department of Health and Mental Hygiene, May 11, 2016.
[51] Ibid.
[52] 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.

[53] "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.
[54] Information provided by Patricia J. Jones, State PREP Coordinator, Maternal and Child Health Bureau, Prevention and Health Promotion Administration, Maryland Department of Health and Mental Hygiene, May 11, 2016.
[55] Ibid.