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

DISTRICT OF COLUMBIA

In Fiscal Year 2017,[1] the District of Columbia received:

- **Division of Adolescent and School Health funds totaling $400,000**
- **Personal Responsibility Education Program funds totaling $250,000**

In Fiscal Year 2017, local entities in the District of Columbia received:

- **Division of Adolescent and School Health funds totaling $619,911**
- **Teen Pregnancy Prevention Program funds totaling $1,499,988**
- **Personal Responsibility Education Innovative Strategies funds totaling $599,755**

SEXUALITY EDUCATION LAW AND POLICY

STATE LAW

District of Columbia Municipal Regulations §§ 5-E2304 and 5-E2305 state that public schools must provide comprehensive school health education, including instruction on human sexuality and reproduction. The instruction must be age-appropriate and taught in grades pre-kindergarten (pre-K)–12.[2]

The superintendent of the District of Columbia public schools is charged with ensuring that sexuality education is taught in schools and that students achieve a minimum proficiency in this area.[3] Accordingly, the superintendent must provide systematic teacher training and staff development activities for health and physical education instructors.[4] A list of all textbooks for student and teacher training must be included in the list of textbooks submitted annually to the District Board of Education for its approval.[5]

Parents or guardians may submit a written request to the principal if they wish to remove their children from human sexuality and reproduction education classes. This is referred to as an "opt-out" policy.[6]

STATE STANDARDS

The District of Columbia provides *Health Education Standards* for pre-K through 12th grade. "Health Promotion and Disease Prevention" is one of the six learning "strands." Sexuality and reproductive health is an included component of this strand. Sexually transmitted diseases (STDs), human immunodeficiency virus (HIV), unintended pregnancy, abstinence, and contraception are all discussed. Furthermore, students learn that "people, regardless of biological sex, gender, ability, sexual orientation, gender identity, and culture, have sexual feelings and the need for love, affection, and physical intimacy."

STATE LEGISLATIVE ACTIVITY

SIECUS tracks all state legislative session activity in our state legislative reports. For more information on bills related to school-based sexuality education that were introduced or passed in 2016, please see the most recent analysis of state legislative activity, *SIECUS' 2016 Sex Ed State Legislative Year-End Report: Top Topics and Takeaways*.

YOUTH SEXUAL HEALTH DATA

Young people are more than their health behaviors and outcomes. For those wishing to support the sexual health and wellbeing of young people, it is important to utilize available data in a manner that tracks our progress and pushes policies forward while respecting and supporting the dignity of all young lives.

While data can be a powerful tool to demonstrate the sexuality education and sexual health care needs of young people, it is important to be mindful that these behaviors and outcomes are impacted by systemic inequities present in our society that affect an individual's sexual health and wellbeing. That is, the context in which a young person's health behavior and decision-making happens is not reflected in individual data points. Notably, one example demonstrating such inequities are the limitations as to how and what data are currently collected; please be mindful of populations who may not be included in surveys or who may be misrepresented by the data. The data categories and any associated language are taken directly from the respective surveys and are not a representation of SIECUS' positions or values. For more information regarding SIECUS' use of data, please read the FY 2017 Executive Summary, *A Portrait of Sexuality Education in the States*.

THE DISTRICT OF COLUMBIA YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA[7]

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 the District of Columbia. 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."[8]

Reported ever having had sexual intercourse

- In 2015, 32.7% of female high school students and 50.9% of male high school students in the District of Columbia 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, 49.2% of lesbian, gay, or bisexual (LGB) high school students, 20.7% of high school students who were unsure of their sexual orientation, and 40.6% of heterosexual high school students in the District of Columbia 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, 20.2% of Asian high school students, 44.9% of black high school students, 36.5% of Hispanic high school students, 15.5% of white high school students, and 42.2% of high school students who identified as multiple races in the District of Columbia reported ever having had sexual intercourse, compared to 19.3% of Asian high school students, 48.5% of black high school students, 42.5% of Hispanic high school students, 39.9% of white high school students, and 49.2% of high school students who identified as multiple races nationwide.

Reported having had sexual intercourse before age 13

- In 2015, 3.5% of female high school students and 20.1% of male high school students in the District of Columbia 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, 3.9% of high school students who were unsure of their sexual orientation, and 11.7% of heterosexual high school students in the District of Columbia 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, 6.3% of Asian high school students, 12.3% of black high school students, 9.6% of Hispanic high school students, 2% of white high school students, and 7.7% of high school students who identified as multiple races in the District of Columbia reported having had sexual intercourse before age 13, compared to 0.7% of Asian high school students, 8.3% of black high school students, 5% of Hispanic high school students, 2.5% of white high school students, and 5.8% of high school students who identified as multiple races nationwide.

Reported being currently sexually active

- In 2015, 24.2% of female high school students and 33.1% of male high school students in the District of Columbia 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, 34.8% of LGB high school students, 14% of high school students who were unsure of their sexual orientation, and 27.8% of heterosexual high school students in the District of Columbia 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, 14.7% of Asian high school students, 30.9% of black high school students, 24.9% of Hispanic high school students, 12.4% of white high school students, and 26.2% of high school students who identified as multiple races in the District of Columbia reported being currently sexually active, compared to 12.2% of Asian high school students, 33.1% of black high school students, 30.3% of Hispanic high school students, 30.3% of white high school students, and 35.7% of high school students who identified as multiple races nationwide.

Reported not using a condom during last sexual intercourse

- In 2015, 42.5% of female high school students and 24.8% of male high school students in the District of Columbia 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, 49.1% of LGB high school students, 55.3% of high school students who were unsure of their sexual orientation, and 29.6% of heterosexual high school students in the District of Columbia 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, 31.1% of black high school students, 42.7% of Hispanic high school students, and 39.3% of high school students who identified as multiple races in the District of Columbia 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, 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, 24.7% of female high school students and 14.7% of male high school students in the District of Columbia 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, 33% of LGB high school students, 36.7% of high school students who were unsure of their sexual orientation, and 16.2% of heterosexual high school students in the District of Columbia 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, 19.6% of black high school students, 21.4% of Hispanic high school students, and 22% of high school students who identified as multiple races in the District of Columbia 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, 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[9]

- In 2015, 15.6% of female high school students and 20.3% of male high school students in The District of Columbia 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, 20.2% of LGB high school students, 27% of high school students who were unsure of their sexual orientation, and 17.5 % of heterosexual high school students in The District of Columbia 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, 16.4% of black high school students, 22.4% of Hispanic high school students, and 22.9% of high school students who identified as multiple races in The District of Columbia 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, and 18.7% of high school students who identified as multiple races nationwide.

Reported never having been tested for HIV

- In 2015, 63% of female high school students and 62.3% of male high school students in the District of Columbia 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, 53.3% of LGB high school students, 72.8% of high school students who were unsure of their sexual orientation, and 63.8% of heterosexual high school students in the District of Columbia 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, 74.5% of Asian high school students, 59.7% of black high school students, 65.2% of Hispanic high school students, 85.5% of white high school students, and 63% of high school students who identified as multiple races in the District of Columbia reported never having been tested for HIV, compared to 90.4% of Asian high school students, 83.4% of black high school students, 88.9% of Hispanic high school students, 92% of white high school students, and 86.6% of high school students who identified as multiple races nationwide.

Reported having been physically forced to have sexual intercourse

- In 2015, 9.7% of female high school students and 6.3% of male high school students in the District of Columbia 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, 16.2% of LGB high school students, 11.2% of high school students who were unsure of their sexual orientation, and 6.6% of heterosexual high school students in the District of Columbia 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, 9.4% of American Indian/Alaska Native (AI/AN) high school students, 7.5% of Asian high school students, 8% of black high school students, 9.7% of Hispanic high school students, 3.8% of white high school students, and 9% of high school students who identified as multiple races in the District of Columbia 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, 11.8% of female high school students and 8.4% of male high school students in the District of Columbia 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, 19.3% of LGB high school students, 16.9% of high school students who were unsure of their sexual orientation, and 8.1% of heterosexual high school students in the District of Columbia 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, 11.3% of Asian high school students, 9.9% of black high school students, 10.5% of Hispanic high school students, 5.7% of white high school students, and 12.8% of high school students who identified as multiple races in the District of Columbia reported experiencing physical dating violence in the prior year, compared to 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, 8.3% of female high school students and 6.5% of male high school students in the District of Columbia 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, 12.8% of LGB high school students, 16.7% of high school students who were unsure of their sexual orientation, and 6.1% of heterosexual high school students in the District of Columbia 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, 11.2% of Asian high school students, 6.6% of black high school students, 9.9% of Hispanic high school students, 7.3% of white high school students, and 8.4% of high school students who identified as multiple races in the District of Columbia reported experiencing sexual dating violence in the prior year, compared to 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.

DISTRICT OF COLUMBIA SCHOOL HEALTH PROFILES DATA[10]

In 2015, the CDC released the School Health Profiles, which measures school health policies and practices and highlights which health topics were taught in schools across the country. Since the data was collected from self-administered questionnaires completed by schools' principals and lead health education teachers, the CDC notes that one limitation of the School Health Profiles is bias toward the reporting of more positive policies and practices.[11] In the School Health Profiles, the CDC identifies 16 sexual education topics that it believes are critical to a young person's sexual health. The District of Columbia did not report information as to instruction on the 16 critical sexual education topics in secondary schools 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

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

DISTRICT OF COLUMBIA 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, the District of Columbia had a reported teen pregnancy rate of 67 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 43 per 1,000.[12] There were a total of 1,340 pregnancies among young women ages 15–19 reported in the District of Columbia in 2013.[13]

- In 2015, the District of Columbia had a reported teen birth rate of 25.6 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.[14] There were a total of 501 live births to young women ages 15–19 reported in the District of Columbia in 2015.[15]

- In 2013, the District of Columbia had a reported teen abortion rate[16] of 26 abortions per 1,000 young women ages 15–19, compared to the national rate of 11 per 1,000.[17] There were a total of 530 abortions among young women ages 15–19 reported in the District of Columbia in 2013.[18]

HIV and AIDS

- In 2015, the reported rate of diagnoses of HIV infection among adolescents ages 13–19 in the District of Columbia was 38 per 100,000, compared to the national rate of 5.8 per 100,000.[19]

- In 2015, the reported rate of AIDS diagnoses among adolescents ages 13–19 in the District of Columbia was 8.4 per 100,000, compared to the national rate of 0.7 per 100,000.[20]

- In 2015, the reported rate of diagnoses of HIV infection among young adults ages 20–24 in the District of Columbia was 93.3 per 100,000, compared to the national rate of 31.1 per 100,000.[21]

- In 2015, the reported rate of AIDS diagnoses among young adults ages 20–24 in the District of Columbia was 18.3 per 100,000, compared to the national rate of 5.6 per 100,000.[22]

STDs

- In 2015, the District of Columbia had the highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 5,219.6 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 1,962 cases of chlamydia among young people ages 15–19 reported in the District of Columbia.[23]

- In 2015, the District of Columbia had the highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 1,197.2 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 450 cases of gonorrhea among young people ages 15–19 reported in the District of Columbia.[24]

- In 2015, the District of Columbia had the 2nd 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 13.3 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 5 cases of syphilis reported among young people ages 15–19 in the District of Columbia.[25]

Visit the Office of Adolescent Health's (OAH) District of Columbia 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 THE DISTRICT OF COLUMBIA

Grantee	Award
Division of Adolescent and School Health (DASH)	
Advocates for Youth	$299,911
District of Columbia Office of the Superintendent of Education	$400,000
District of Columbia Public Schools	$320,000
TOTAL	**$1,019,911**
Teen Pregnancy Prevention Program (TPPP)	
TPPP Tier 2A	
The National Campaign to Prevent Teen and Unplanned Pregnancy	$1,499,988
TOTAL	**$1,499,988**
Personal Responsibility Education Program (PREP)	
PREP State-Grant Program	
Office of the State Superintendent of Education (federal grant)	$250,000
TOTAL	**$250,000**
Personal Responsibility Education Innovative Strategies (PREIS)	
The Urban Institute	$599,755
TOTAL	**$599,755**
GRAND TOTAL	**$3,369,654**

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 two DASH grantees in the District of Columbia funded to strengthen student health through ESHE, SHS, and SSE (1308 Strategy 2): The District of Columbia Office of the Superintendent of Education ($320,000) and District of Columbia Public Schools ($320,000).

DISTRICT OF COLUMBIA OFFICE OF THE SUPERINTENDENT OF EDUCATION, $320,000 (FY 2017)
With its 1308 Strategy 2 funds, the District of Columbia Office of the Superintendent of Education is developing an on-demand webinar for school staff and community members on sexual health education to improve awareness of district programs and help garner support from the community. To help link students to youth-friendly community health service providers, the office facilitates district-wide trainings on the referral system and the *Healthy Youth Resource Guide*. To help students needing school-based support address their health, psychological, and social needs, the office provides school staff with a D.C.-branded LGB, transgender, and questioning (LGBTQ) ally badge to identify trusted adults who have been trained and who have access to local youth resources.[26]

DISTRICT OF COLUMBIA PUBLIC SCHOOLS, $320,000 (FY 2017)
With its 1308 Strategy 2 funds, the District of Columbia Public Schools hosts parent sexual health education workshops throughout the District to increase parent support and engagement. In order to help students readily access services that decrease the likelihood of infection with HIV or other STDs, the school district collaborates with the state education agency to develop, market, and distribute the *Healthy Youth Resource Guide* for schools, community-based organizations, and clinical providers. To support a safe and supportive school environment, the school district works with a national organization to disseminate the District's new policy on transgender/gender non-conforming students to District administrators, school leaders, school liaisons, and other support staff. The District also provides training on bullying prevention strategies.[27]

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 was one DASH grantee in the District of Columbia funded to deliver YMSM programming (1308 Strategy 4) in multiple cities: Advocates for Youth ($299,911).

ADVOCATES FOR YOUTH, $299,911 (FY 2017)
Using jurisdictional data, Advocates for Youth will develop strategic collaborations to help local education agencies implement multiple program activities to meet the HIV/STD prevention needs of YMSM with its 1308 Strategy 4 funds.[28]

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

- In FY 2017, there was one DASH grantee in the District of Columbia funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): The District of Columbia Office of the Superintendent of Education ($80,000).

TEEN PREGNANCY PREVENTION PROGRAM (TPPP)

The OAH, within the U.S. Department of Health and Human Services (HHS), administers TPPP, which funds evidence-based or innovative evidence-informed, medically accurate, and age-appropriate programs to reduce teen pregnancy. In FY 2017, total funding for TPPP was $101 million, supporting 84 states, cities, non-profit organizations, school districts, universities, community-based organizations, and tribal organizations. These grantees were in year three of five TPPP funding tiers' five-year cooperative agreements in 33 states, the District of Columbia, and the Marshall Islands. In June 2017, however, 81 of the 84 grantees were notified, without cause or explanation, that their project periods were shortened to just three years, to end on June 30, 2018. Since the other three grantees are on a different grant cycle, they had not yet received notice on the status of their funding at the time of publication. OAH provides program support, implementation evaluation, and technical assistance to grantees and receives an additional $6.8 million in funding for evaluation purposes. Below is information on the five TPPP funding tiers:

Tier 1A**:** Capacity building to support replication of evidence-based TPP programs.

- In FY 2017, there were no TPPP Tier 1A grantees in the District of Columbia.

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

- In FY 2017, there were no TPPP Tier 1B grantees in the District of Columbia.

Tier 2A**:** Supporting and enabling early innovation to advance adolescent health and prevent teen pregnancy.

- In FY 2017, there was one TPPP Tier 2A grantee in the District of Columbia: The National Campaign to End Teen Pregnancy ($1,499,988).

THE NATIONAL CAMPAIGN TO PREVENT TEEN AND UNPLANNED PREGNANCY, $1,499,988 (FY 2017)

The National Campaign to Prevent Teen and Unplanned Pregnancy is a nonprofit organization whose mission is to "improve the lives and future prospects of children and families and, in particular, to help ensure that children are born into stable, two-parent families who are committed to and ready for the demanding task of raising the next generation."[29] The Campaign will use TPPP Tier 2A funds to support new, technology-based interventions through its Design Thinking strategy. Design Thinking aims to reduce teen pregnancy and improve adolescent health nationwide. The Campaign will evaluate up to 10 technology-based interventions by the end of the five-year project.[30]

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

- In FY 2017, there were no TPPP Tier 2B grantees in the District of Columbia.

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

- In FY 2017, there were no TPPP Tier 2C grantees in the District of Columbia.

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 Office of the State Superintendent of Education received $250,000 in federal PREP funds.[31]
- There were three sub-grantees for the District of Columbia PREP state-grant program: Athletes United for Social Justice, Inc. ($25,000); the Latin American Youth Center ($25,000); and Planned Parenthood of Metropolitan Washington ($25,000).[32]

The Office of the State Superintendent of Education (OSSE) serves as the state-education agency for the District of Columbia. OSSE implements the District's PREP grant program, DC-PREP, and awards $25,000 sub-grants to three different community-based organizations that implement programs in both school- and community-based settings. The programs serve young people ages 11-19 who reside in the District of Columbia. Specific focus is placed on Wards 1, 4, 5, 7, and 8, and populations that are at high risk of being pregnant, with a specific focus on young African Americans, Latinos, and LGBTQ people, as well as low-income, male, and pregnant or parenting teens. The curricula used by the sub-grantees must align with OSSE Health Education Standards. Additionally:

> The DC Personal Responsibility Education Program (DC-PREP) plans to implement a four phase [sic] process to review adaptations of program models. Below are the four steps:
>
> 1. Sub-awardee must contact the original developers of the curricula/program to determine if the adaptation is appropriate and will not alter the core components of the model.

2. Once approved by the original developers, the sub-awardee will submit a proposal of adaptations to the DC Personal Responsibility Education Program's Project Director for review. This proposal must have a letter of approval from the developer granting the sub-awardee to make the changes requested.

3. The DC-PREP project director will then review and submit the request to the Coordinated Health Education Team (CHET) for approval.

4. Once approved, the DC-PREP director will submit the proposed items to the PREP project officer at FYSB for approval. Once all stages are completed, the sub-awardee will report the changes in their mandatory quarterly report to the OSSE.[33]

Athletes United for Social Justice, Inc., addresses healthy relationships and healthy life skills using the *The Grassroots Project* curriculum; Latin American Youth Center addresses healthy relationships, adolescent development, and healthy life skills using the *Sexual Wellness and Advocacy by Teens (SWAT)* curriculum; and Planned Parenthood of Metropolitan Washington addresses healthy life skills, healthy relationships, and adolescent development using the *SiHLE (Sisters Informing, Healing, Living and Empowering)* curriculum.[34]

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 was one PREIS grantee in the District of Columbia: The Urban Institute ($599,755).[35]

THE URBAN INSTITUTE, $599,755 (FY 2017)

The Urban Institute conducts research to understand and solve real-world challenges in a rapidly urbanizing environment.[36] The Urban Institute will use *Sisters Rising*, *Parents Matter*, and *Brothers Rising* to serve young people ages 13-19 and their adult caregivers in four public housing communities in Washington, D.C., and will address healthy relationships, adolescent development, and parent-child communication. With its PREIS funds, the Urban Institute will serve around 240 young people annually.[37] At the time of publication, more information on the Urban Institute's use of PREIS funds was unknown.

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 the District of Columbia.

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, the District of Columbia received PREP state-grant funding; therefore, entities in the District of Columbia 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.[38]

- In FY 2017, the District of Columbia chose not to apply for Title V AOUM funds.

"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 the District of Columbia.

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[1] This refers to the federal government's fiscal year, which begins on October 1 and ends on September 30. The fiscal year is designated by the calendar year in which it ends; for example, FY 2017 began on October 1, 2016, and ended on September 30, 2017.
[2] Wash. DC Mun. Regs. §§ 5-E2304.1 and 5-E2305.2, www.dcregs.dc.gov.
[3] Wash. DC Mun. Regs. § 5-E2304.3.
[4] Wash. DC Mun. Regs. § 5-E2304.4.
[5] Wash. DC Mun. Regs. § 5-E2305.3.
[6] Wash. DC Mun. Regs. § 5-E2305.5.
[7] "Youth Online," Centers for Disease Control and Prevention, https://nccd.cdc.gov/youthonline/App/Default.aspx.
[8] "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.
[9] 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.
[10] "School Health Profiles 2014," Centers for Disease Control and Prevention, https://nccd.cdc.gov/youthonline/App/Default.aspx.
[11] Ibid., pg. 51.
[12] 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.
[13] Ibid., Table 2.6.
[14] "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.
[15] 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.
[16] "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.
[17] 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.
[18] Ibid., Table 2.6.
[19] 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.
[20] 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.
[21] 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.
[22] 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.
[23] NCHHSTP Atlas, "STD Surveillance Data" (Atlanta, GA: Centers for Disease Control and Prevention), http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html.
[24] Ibid.
[25] Ibid.
[26] Centers for Disease Control and Prevention, Adolescent and School Health, Funded State Agencies, Atlanta, GA, www.cdc.gov/healthyyouth/partners/funded_states.htm#dc.

[27] Ibid.
[28] Centers for Disease Control and Prevention, Adolescent and School Health, Funded Non-Governmental Organizations (NGO), Atlanta, GA, www.cdc.gov/healthyyouth/partners/funded_ngos.htm.
[29] "Who We Are," The National Campaign to Prevent Teen and Unplanned Pregnancy, https://thenationalcampaign.org/about.
[30] "The National Campaign to Prevent Teen and Unplanned Pregnancy," Grantees (DC) – TPP Tier 2A, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/2a/the-national-campaign-to-prevent-teen-and-unplanned-pregnancy.html.
[31] "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.
[32] Information provided by Latonia Coryatt, MPH, CHES, Health Education Specialist, Grant Manager, Office of the State Superintendent of Education, Government of the District of Columbia, June 15, 2017.
[33] Ibid.
[34] Ibid.
[35] "Personal Responsibility Education Innovative Strategies (PREIS) Program Awards FY2017," Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, https://www.acf.hhs.gov/fysb/preis-awards-fy2017.
[36] "About Us," The Urban Institute, www.urban.org/about.
[37] "Personal Responsibility Education Innovative Strategies Grantee Profiles," Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, https://www.acf.hhs.gov/fysb/resource/preis-grantee-profiles.
[38] 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.