



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

- **Division of Adolescent and School Health funds totaling \$60,000**
- **Title V State Abstinence Education Program funds totaling \$783,278**

In Fiscal Year 2013, local entities in Virginia received:

- **Personal Responsibility Education Innovative Strategies funds totaling \$582,344**
- **Competitive Personal Responsibility Education Program funds totaling \$1,683,697**

SEXUALITY EDUCATION LAW AND POLICY

Virginia law states that all curriculum decisions are to be left to local school boards; however, programs of instruction must meet or exceed the “requirements of the [State] Board of Education.”² Virginia gives permission for local school boards to develop family life education programs with the “goals of reducing the incidence of pregnancy and sexually transmitted diseases [STDs] and substance abuse among teenagers.”³ The state Board of Education’s family life education standards and curriculum guidelines for grades K–12 suggest programs be age-appropriate and address:

[T]he benefits, challenges, responsibilities, and value of marriage for men, women, children, and communities; abstinence education; the value of postponing sexual activity; the benefits of adoption as a positive choice in the event of an unwanted pregnancy; human sexuality; human reproduction; dating violence, the characteristics of abusive relationships, steps to take to avoid sexual assault, and the availability of counseling and legal resources, and, in the event of such sexual assault, the importance of immediate medical attention and advice, as well as the requirements of the law; the etiology, prevention and effects of sexually transmitted diseases; and mental health education and awareness.⁴

Virginia Administrative Code also requires each local school board to place “special emphasis on the thorough evaluation of materials related to controversial or sensitive topics such as sex education, moral education, and religion.”⁵

Virginia Board of Education guidelines mandate that any school district that develops a family life education program must consult a “community involvement team, or school health advisory board” that should include:

individuals such as a person from the central office, an elementary school principal, a middle school principal, a high school principal, teachers, a school board member, parents, one or more members of the clergy, a member of the medical profession, a mental health practitioner, and others in the community.⁶

Each school board must create a summary of the family life education program available for distribution to parents and guardians for review.

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The law states that parents or guardians may remove their students from any class.⁷ This is referred to as an “opt-out” policy. Virginia Administrative Code also directs that parents “should be required to justify their requests.”⁸

See Virginia Code Annotated §§ 22.1-200, 22.1-207.1, 22.1-207.2, and 22.1-253.13.1; Title 8 Virginia Administrative Code §§ 20-131-50, 20-131-80, 20-131-90, 20-131-100, 20-131-170, and 20-320-10; and Family Life Education Board of Education Guidelines and Standards of Learning for Virginia Public Schools.

2013 STATE LEGISLATIVE SESSION ACTIVITY

SIECUS is not aware of any proposed legislation regarding sexuality education in Virginia.

YOUTH SEXUAL HEALTH DATA

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

Virginia Youth Risk Behavior Survey (YRBS) Data⁹

- In 2013, 13.5% of female high school students and 8.1% of male high school students in Virginia who dated or went out with someone during the 12 months before the survey reported experiencing physical dating violence one or more times during that time period (defined as being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with), compared to 13% of female high school students and 7.4% of male high school students nationwide.

Visit the Centers for Disease Control and Prevention’s Youth Online database for additional information on youth risk behaviors.

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

Teen Pregnancy, Birth, and Abortion

- In 2010, Virginia’s teen pregnancy rate ranked 35th in the United States, with a rate of 48 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 57 per 1,000.¹⁰ There were a total of 12,890 pregnancies among young women ages 15–19 in Virginia in 2010.¹¹
- In 2012, Virginia’s teen birth rate ranked 40th in the United States, with a rate of 22.9 births per 1,000 young women ages 15–19, compared to the national rate of 29.4 per 1,000.¹² In 2012 there were a total of 6,076 live births to young women ages 15–19 reported in Virginia.¹³
- In 2010, Virginia’s teen abortion rate ranked 18th in the United States, with a rate of 14 abortions per 1,000 young women ages 15–19, compared to the national rate of 15 per 1,000.¹⁴ There were a total of 3,680 abortions among young women ages 15–19 reported in Virginia in 2010.¹⁵

HIV and AIDS

- In 2011, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Virginia was 7.3 per 100,000, compared to the national rate of 7.6 per 100,000.¹⁶

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- In 2011, the rate of AIDS diagnoses among adolescents ages 13–19 in Virginia was 1.4 per 100,000, compared to the national rate of 1.9 per 100,000.¹⁷
- In 2011, the rate of diagnoses of HIV infection among young adults ages 20–24 in Virginia was 35.1 per 100,000, compared to the national rate of 36.3 per 100,000.¹⁸
- In 2011, the rate of AIDS diagnoses among young adults ages 20–24 in Virginia was 7.5 per 100,000, compared to the national rate of 10.9 per 100,000.¹⁹

Sexually Transmitted Diseases

- In 2012, Virginia ranked 28th in the United States for reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 1,861.2 cases per 100,000, compared to the national rate of 2,001.7 per 100,000. In 2012, there were a total of 10,130 cases of chlamydia among young people ages 15–19 reported in Virginia.²⁰
- In 2012, Virginia ranked 23rd in the United States for reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 305.4 cases per 100,000, compared to the national rate of 376.8 per 100,000. In 2012, there were a total of 1,662 cases of gonorrhea among young people ages 15–19 reported in Virginia.²¹
- In 2012, Virginia ranked 23th in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 2.9 cases per 100,000, compared to the national rate of 4.1 per 100,000. In 2012, there were a total of 16 cases of syphilis among young people ages 15–19 reported in Virginia.²²

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

President's Teen Pregnancy Prevention Initiative

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

TPPI Tier 1: Evidence-Based Programs

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

- There are no TPPI Tier 1 grantees in Virginia.

TPPI Tier 2: Innovative Approaches

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

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

TPPI Tier 2: Communitywide Initiatives

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

- There are no TPPI Tier 2 Communitywide Initiatives grantees in Virginia.

Division of Adolescent and School Health

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

- There were no DASH grantees in Virginia funded to strengthen student health through ESHE, SHS, and SSE in FY 2013.

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

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

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

- There was one DASH grantee in Virginia funded to collect and report YRBS and School Health Profiles data in FY 2013, the Virginia Department of Health (\$60,000).

Pregnancy Assistance Fund

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

- There are no PAF grantees in Virginia.

Personal Responsibility Education Program

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

PREP State-Grant Program

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

- Virginia chose not to apply for PREP funds for FY 2013.

Personal Responsibility Education Innovative Strategies (PREIS)

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

- There is one PREIS grantee in Virginia, Lighthouse Outreach, Inc., which received \$582,344 for FY 2013.²³

Lighthouse Outreach, Inc., \$582,344 (FY 2013)

Lighthouse Outreach is a community-based nonprofit located in Hampton, Virginia. Its “activities are designed to provide an intervention that promotes sexual abstinence until marriage among adolescents.”²⁴ The organization previously received federal abstinence-only-until-marriage (AOUM) funding through the now-defunct Community-Based Abstinence Education (CBAE) grant program. In 2007, it was awarded a five-year CBAE grant and received \$1.7 million in funding before the program was eliminated in 2010.

The organization’s PREIS grant supports its abstinence program, which “provides the foundation for personal responsibility and enduring marital commitment.” The program serves primarily African-American young people ages 10–19 in the Hampton Roads area, concentrating on areas with high rates of teenage pregnancy, STDs, and poverty. It employs a “community saturation model that includes school, community- and faith-based abstinence education classes, youth development activities with out-of-school programs, abstinence education workshops for parents, community forums, rallies, an annual summit, and a media marketing campaign.”²⁵ The program uses *Choosing the Best* curricula as well as *Possessing Your Power*. It aims to reach 2,600 young people each year.

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of comprehensive teen pregnancy prevention programs within tribes and tribal communities.

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

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

Competitive Personal Responsibility Education Program (CPREP)

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

- Five local entities in Virginia received a total of \$1,683,697 in CPREP funds for FY 2013: the City of Alexandria, Family Service of Roanoke Valley, James Madison University, Planned Parenthood of Southeastern Virginia, and the City of Waynesboro.

City of Alexandria, \$290,494 (FY 2013)

The City of Alexandria uses its CPREP funds through a program called the Alexandria Campaign on Adolescent Pregnancy (ACAP). ACAP provides evidence-based teen pregnancy prevention programs by partnering with two community-based organizations, the primary partner being Capital Youth Empowerment Program, Inc., to provide a one hour session of “mindfulness, meditation and movement (yoga) to youth and an additional one hour session of nutrition.”²⁶ Programming takes place during the school day, after school, at community-based organizations and the juvenile detention center. ACAP primarily serves middle through high school age young people, and focuses mainly on Latinos and African Americans, as well as those in the juvenile detention centers. With their CPREP grant, the City of Alexandria aims to cover healthy relationships, adolescent development, and healthy life skills as their adulthood preparation subjects through the curricula *Becoming A Responsible Teen (BART)*, *Be Proud! Be Responsible!*, and *Be Proud! Be Responsible! Be Protective!*.²⁷

Family Service of Roanoke Valley, \$329,391 (FY 2013)

Family Service of Roanoke Valley is a private nonprofit that provides prevention, counseling, and support services to Roanoke Valley residents.²⁸ With its CPREP grant, Family Service of Roanoke Valley is implementing the *Teen Outreach Program (TOP)* in school and after-school settings across Roanoke City. The program targets elementary, middle, and high school students.²⁹

James Madison University, \$458,032 (FY 2013)

James Madison University is a public research university in Harrisonburg, Virginia. The university’s Institute for Innovation in Health and Human Services (IIHHS) pursues “innovations in health and human services by conscientiously connecting academic dedication to education, research, and service with community awareness of what people truly need.”³⁰ The IIHHS provides multiple community outreach programs and initiatives that improve health and human services. With their CPREP grant, the IIHHS is implementing JMUPrep, a teen pregnancy prevention program that utilizes *Teen Outreach Program (TOP)* and *Draw the Line/Respect the Line*. The program is implemented in Harrisonburg, Rockingham, and Page county schools and involves 14 community partners, 16 sites, and 5,050 middle and high school students. The program also reaches out to the families of pregnant and parenting teens.³¹

Planned Parenthood of Southeastern Virginia, \$405,780 (FY 2013)

Planned Parenthood of Southeastern Virginia (PPSEV) provides “high-quality, low-cost reproductive health and family planning services to the women, men and teens of Hampton Roads.”³² The organization is an affiliate of Planned Parenthood Federation of America, a leading national provider of and advocate for sexual and reproductive health care. PPSEV also provides comprehensive sex education programs to local community organizations, faith-based organizations, and after-school programs. With its CPREP grant, PPSEV continues implementing the *Reducing the Risk* curriculum to all ninth grade students in Newport News public schools.

City of Waynesboro, \$200,000 (FY 2013)

The City of Waynesboro uses its CPREP funds as part of school-based programming through health and PE classes in grades 6–10 in Augusta County and the cities of Staunton and Waynesboro. The programming covers adolescent development, healthy life skills, and healthy relationships and uses a modified version of the *ALLAYou* curriculum.³³

Title V State Abstinence Education Grant Program

The Title V abstinence-only-until-marriage (Title V AOUM) program, administered by ACF, allocates \$50 million per year to states for FYs 2010–2014. The Title V AOUM program requires states to provide three state-raised dollars or the equivalent in services for every four federal dollars received. The state match may be provided in part or in full by local groups. All programs funded by Title V AOUM must promote abstinence from sexual activity as their exclusive purpose and may provide mentoring, counseling, and adult supervision toward this end. Programs must be medically accurate and age-appropriate and must ensure abstinence is an expected outcome.

- The Virginia Department of Health received \$783,278 in federal Title V AOUM funding for FY 2013.
- The Virginia Department of Health provides sub-grants to nine³⁴ local health districts.³⁵
- In Virginia, the sub-grantee provide the match through in-kind support.

The Virginia Department of Health administers the Title V AOUM funding in collaboration with seven local health districts to provide programming to young people in both community- and school-based settings. The state’s AOUM program specifically targets Latino youth ages 10–14 in grades 6–8. Programming is implemented in nine health districts: Alexandria, Central Shenandoah, Central Virginia, Crater, Lord Fairfax, Norfolk, Portsmouth, Richmond City, and Roanoke. Funded programs use the following curricula: *Making a Difference!*, *Teen Outreach Program (TOP)*, and *Choosing the Best*.³⁶

Competitive Abstinence Education Grant Program

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

- There are no CAE grantees in Virginia.

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

Grantee	Award	Fiscal Years
Division of Adolescent and School Health (DASH)		
Virginia Department of Health	\$60,000	2013–2017
TOTAL	\$60,000	
Personal Responsibility Education Program (PREP)		
<i>Personal Responsibility Education Innovatives Strategies</i>		
Lighthouse Outreach, Inc.	\$582,344	2010–2014
TOTAL	\$582,344	
<i>Competitive Personal Responsibility Education Program (CPREP)</i>		
James Madison University	\$458,032	2013
Family Service of Roanoke Valley	\$329,391	2013
Planned Parenthood of Southeastern Virginia	\$405,780	2013
City of Alexandria	\$290,494	2013
City of Waynesboro	\$200,000	2013
TOTAL	\$1,683,697	
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)		
Virginia Department of Health (federal grant)	\$783,278	2013
TOTAL	\$783,278	
GRAND TOTAL	\$3,109,319	2013

POINTS OF CONTACT

Adolescent Health Contact³⁷

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

² Va. Code Ann. § 22.1-253.13:1(c), <https://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+22.1-253.13C1>.

³ 8 Va. Admin. Code § 20-131-170, <http://leg1.state.va.us/cgi-bin/legp504.exe?000+reg+8VAC20-131-170>.

⁴ Va. Code Ann. § 22.1-207.1, <https://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+22.1-207.1>.

⁵ 8 Va. Admin. Code § 20-170-10(8), <http://leg1.state.va.us/cgi-bin/legp504.exe?000+reg+8VAC20-170-10>.

- ⁶ *Family Life Education Board of Education Guidelines and Standards of Learning for Virginia Public Schools* (Richmond, VA: Commonwealth of Virginia Department of Education, 2009), accessed April 15, 2010, http://www.doe.virginia.gov/testing/sol/standards_docs/family_life/familylife_guidelines_standards.pdf, 9.
- ⁷ Va. Code Ann. § 22.1-207.2, <http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+22.1-207.2>.
- ⁸ Va. Admin. Code § 20-170-10(9), <http://leg1.state.va.us/cgi-bin/legp504.exe?000+reg+8VAC20-170-10>.
- ⁹ Kann, Laura, et al., “Youth Risk Behavior Surveillance—United States, 2013,” *Surveillance Summaries, Morbidity and Mortality Weekly Report*, Vol. 63, No. 4 (June 13, 2014): accessed July 17, 2014, <http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf>. Note: Virginia did not participate in the full 2013 YRBS.
- ¹⁰ Kost, K., and S. Henshaw, *U.S. Teenage Pregnancies, Births, and Abortions, 2010: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), accessed July 8, 2014, <http://www.guttmacher.org/pubs/USTPtrends10.pdf>, Table 3.1.
- ¹¹ *Ibid.*, Table 3.2.
- ¹² Martin, J.A., et al., *Births: Final Data for 2012*. National Vital Statistics Reports, Vol. 62, No. 9 (December 30, 2013), accessed July 30, 2014, http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf, Table 12.
- ¹³ Centers for Disease Control and Prevention, VitalStats Interactive Data Tables, Hyattsville, MD: National Center for Health Statistics, <http://www.cdc.gov/nchs/vitalstats.htm>.
- ¹⁴ Kost, K. and S. Henshaw, *U.S. Teenage Pregnancies, Births, and Abortions, 2010: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), accessed July 8, 2014, <http://www.guttmacher.org/pubs/USTPtrends10.pdf>, Table 3.1.
- ¹⁵ *Ibid.*, Table 3.2.
- ¹⁶ Slide 9: “Rates of Diagnosis of HIV Infection among Adolescents Aged 13–19 Years, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.
- ¹⁷ Slide 18: “Rates of Stage 3 (AIDS) Classifications among Adolescents Aged 13–19 Years with HIV Infection, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.
- ¹⁸ Slide 10: “Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.
- ¹⁹ Slide 19: “Rates of Stage 3 (AIDS) Classifications among Adolescents Aged 20–24 Years with HIV Infection, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.
- ²⁰ NCHHSTP Atlas, “STD Surveillance Data.” (Atlanta, GA: Centers for Disease Control and Prevention), accessed June 10, 2013, <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.
- ²¹ *Ibid.*
- ²² *Ibid.*
- ²³ The grantee declined to provide SIECUS with any updated information for FY 2012. Information provided is from FY 2011.
- ²⁴ “Lighthouse Outreach Mission,” Lighthouse Outreach Incorporated, accessed September 25, 2012, <http://lighthouse-outreach.org/about-us/lighthouse-mission.html>.
- ²⁵ Administration for Children and Families, “Teen Pregnancy Prevention: Summary of Personal Responsibility Education Program Innovative Strategies Programs Funded in FY2010,” U.S. Department of Health and Human Services, October 14, 2010, accessed September 25, 2012, http://www.acf.hhs.gov/programs/fysb/content/docs/prep_abstracts.htm.
- ²⁶ Information provided by Christine Wong Mineta, PREP grant coordinator, Alexandria Campaign on Adolescent Pregnancy, City of Alexandria, Virginia Department of Community and Human Services—Center for Children and Families, August 26, 2014.
- ²⁷ *Ibid.*
- ²⁸ “Missions,” Family Service of Roanoke Valley, accessed July 8, 2013, http://www.fsrv.org/index.php?option=com_content&view=article&id=47&Itemid=61.
- ²⁹ “Teen Outreach Program,” Family Service of Roanoke Valley, accessed July 8, 2013, http://www.fsrv.org/index.php?option=com_content&view=article&id=79&Itemid=86.
- ³⁰ “A Message From the Director,” Institute for Innovation in Health and Human Services, (June 20, 2013) accessed July 8, 2013, <http://www.iihhs.jmu.edu>.
- ³¹ Hannah Austin, “Teen Pregnancy in Harrisonburg,” Department of Health Sciences, (April 22, 2013), accessed July 8, 2013, <http://www.healthsci.jmu.edu/features/teenpregnancyproject.html>.
- ³² “Overview,” Planned Parenthood of Southeastern Virginia, (2009), accessed July 8, 2013, <http://www.ppsev.org/about/index.html>.
- ³³ Information provided by Virginia Newman, division supervisor, Central Shenandoah Valley Office on Youth, July 23, 2014.
- ³⁴ Sub-grantees include: Alexandria Health District (\$64,706), Central Shenandoah Health District (\$71,034), Central Virginia Health District (\$40,000), Crater Health District (\$100,000), Lord Fairfax (\$100,000); Norfolk (77,206), Portsmouth Health District (\$31,000), Richmond City Health District (\$100,000), and RoanokeHealth District (\$64,112).

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³⁵ Information provided by Sherika Eskridge, abstinence education program coordinator, Virginia Department of Health, August 15, 2014.

³⁶ Ibid.

³⁷ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.