



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

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In Fiscal Year 2017,¹ the state of Oklahoma received:

- **Division of Adolescent and School Health funds totaling \$65,000**
- **Personal Responsibility Education Program funds totaling \$601,146**
- **Title V State Abstinence Education Program funds totaling \$897,399**

In Fiscal Year 2017, local entities in Oklahoma received:

- **Teen Pregnancy Prevention Program funds totaling \$3,874,000**

SEXUALITY EDUCATION LAW AND POLICY

STATE LAW

Oklahoma does not require schools to teach sexuality education. However, according to Oklahoma Statutes [70-11-103.3](#) and [70-11-105.1](#), schools are required to provide human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) prevention education. This education must be limited to the “discussion of the disease AIDS and its spread and prevention.”² The class must be taught once during either grade 5 or 6, once during grades 7–9, and once during grades 10–12.³ All curricula and materials must be checked for medical accuracy by the Oklahoma Department of Health and must only include “factual medical information for AIDS prevention.”⁴ Additionally,

D) AIDS prevention education shall specifically teach student that:

- 1) Engaging in homosexual activity, promiscuous sexual activity, intravenous drug use, or contact with contaminated blood products is now known to be primarily responsible for contact with the AIDS virus;
- 2) Avoiding the activities specified [above] is the only method of preventing the spread of the virus;

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- 3) Sexual intercourse, with or without condoms, with any person testing positive for HIV antibodies, or any other person infected with HIV, places that individual in a high-risk category for developing AIDS.
- E) The program of AIDS prevention education shall teach that abstinence from sexual activity is the only certain means for the prevention of the spread or contraction of the AIDS virus through sexual contact. It shall also teach that artificial means of birth control are not a certain means of preventing the spread of the AIDS virus, and reliance on such methods puts a person at risk for exposure to the disease.⁵

If a school district chooses to teach sexuality education, all curricula and materials must be approved for medical accuracy by the state and by the district superintendent.⁶ All materials must also be available to parents for review.⁷ In addition, all sexuality education classes must have as one of their primary purposes “the teaching of or informing students about the practice of abstinence.”⁸

A school district must provide written notification of all sexuality and HIV/AIDS prevention classes. Parents or guardians can submit written notification if they do not want their children to participate in such classes.⁹ [This is referred to as an “opt-out” policy.](#)

STATE STANDARDS

Oklahoma’s [Academic Standards for Health Education](#) provides a standard for the development of health curricula. Sexuality education is not mentioned.

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](#).

OKLAHOMA YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA¹⁰

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 Oklahoma. 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.”¹¹

Reported ever having had sexual intercourse

- In 2015, 40.9% of female high school students and 43.6% of male high school students in Oklahoma 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, 61.1% of lesbian, gay, or bisexual (LGB) high school students, 26% of high school students who were unsure of their sexual orientation, and 42.8% of heterosexual high school students in Oklahoma 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, 50% of American Indian/Alaska Native (AI/AN) high school students, 39.9% of Hispanic high school students, 42.2% of white high school students, and 39.6% of high school students who identified as multiple races in Oklahoma reported ever having had sexual intercourse, compared to 39.1% of AI/AN 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, 2.1% of female high school students and 5.7% of male high school students in Oklahoma 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, 13.2% of LGB high school students, 6.8% of high school students who were unsure of their sexual orientation, and 3.1% of heterosexual high school students in Oklahoma 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.

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- In 2015, 8.2% of AI/AN high school students, 84.9% of Hispanic high school students, 2.1% of white high school students, and 3.1% of high school students who identified as multiple races in Oklahoma reported having had sexual intercourse before age 13, compared to 1.8% of AI/AN 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, 31.3% of female high school students and 31% of male high school students in Oklahoma 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, 36.5% of LGB high school students, 21% of high school students who were unsure of their sexual orientation, and 31.1% of heterosexual high school students in Oklahoma 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, 35.4% of AI/AN high school students, 27.3% of Hispanic high school students, 31.1% of white high school students, and 29.5% of high school students who identified as multiple races in Oklahoma reported being currently sexually active, compared to 31.5% of AI/AN 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, 43.3% of female high school students and 36.8% of male high school students in Oklahoma 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, 70.2% of LGB high school students and 37.6% of heterosexual high school students in Oklahoma reported not using a condom during their last sexual intercourse, compared to 52.5% of LGB high school students and 42.2% of heterosexual high school students nationwide.
- In 2015, 40.8% of white high school students in Oklahoma reported not using a condom during their last sexual intercourse, compared to 43.2% of white high school students nationwide.

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Reported not using any method to prevent pregnancy during last sexual intercourse

- In 2015, 15.4% of female high school students and 9.9% of male high school students in Oklahoma 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, 43.9% of LGB high school students and 9.6% of heterosexual high school students in Oklahoma reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 26.4% of LGB high school students and 12.4% of heterosexual high school students nationwide.
- In 2015, 12.6% of white high school students in Oklahoma reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 10.4% of white high school students nationwide.

Reported having had drunk alcohol or used drugs during last sexual intercourse¹²

- In 2015, 11.1% of female high school students and 17.5% of male high school students in Oklahoma 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, 16% of LGB high school students and 14% of heterosexual high school students in Oklahoma reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 22.4% of LGB high school students and 20% of heterosexual high school students nationwide.
- In 2015, 13.7% of white high school students in Oklahoma reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 19.3% of white high school students nationwide.

Reported never having been tested for HIV

- In 2015, 90.2% of female high school students and 90.6% of male high school students in Oklahoma 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, 80.4% of LGB high school students, 96.1% of high school students who were unsure of their sexual orientation, and 90.8% of heterosexual high school students in Oklahoma 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.

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- In 2015, 84% of AI/AN high school students, 93.5% of Hispanic high school students, 91.5% of white high school students, and 92.3% of high school students who identified as multiple races in Oklahoma reported never having been tested for HIV, compared to 88.6% of AI/AN 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, 10.1% of female high school students and 3.2% of male high school students in Oklahoma 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, 18.7% of LGB high school students, 20.6% of high school students who were unsure of their sexual orientation, and 5.3% of heterosexual high school students in Oklahoma 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, 5.4% of AI/AN high school students, 8.9% of Hispanic high school students, 6.6% of white high school students, and 8.3% of high school students who identified as multiple races in Oklahoma reported having been physically forced to have sexual intercourse, compared to 6.6% of AI/AN 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, 8.9% of female high school students and 5.3% of male high school students in Oklahoma 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, 15.1% of LGB high school students and 6.4% of heterosexual high school students in Oklahoma reported experiencing physical dating violence in the prior year, compared to 17.5% of LGB high school students and 8.3% of heterosexual high school students nationwide.
- In 2015, 9.7% of Hispanic high school students, 7.5% of white high school students, and 9.2% of high school students who identified as multiple races in Oklahoma reported experiencing physical dating violence in the prior year, compared to 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.

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Reported experiencing sexual dating violence

- In 2015, 13.1% of female high school students and 3.9% of male high school students in Oklahoma 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, 17.2% of LGB high school students and 7.1% of heterosexual high school students in Oklahoma reported experiencing sexual dating violence in the prior year, compared to 22.7% of LGB high school students and 9.1% of heterosexual high school students nationwide.
- In 2015, 11.1% of Hispanic high school students, 9% of white high school students, and 14.9% of high school students who identified as multiple races in Oklahoma reported experiencing sexual dating violence in the prior year, compared to 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.

OKLAHOMA SCHOOL HEALTH PROFILES DATA¹³

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.¹⁴ In the School Health Profiles, the CDC identifies 16 sexual education topics that it believes are critical to a young person's sexual health.

Oklahoma did not report information as to instruction on the 16 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.

OKLAHOMA TEEN PREGNANCY, HIV/AIDS, AND OTHER SEXUALLY TRANSMITTED DISEASE (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, Oklahoma had the 3rd highest reported teen pregnancy rate in the United States, with a rate of 58 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 43 per 1,000.¹⁵ There were a total of 7,150 pregnancies among young women ages 15–19 reported in Oklahoma in 2013.¹⁶
- In 2015, Oklahoma had the 2nd highest reported teen birth rate in the United States, with a rate of 34.8 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per

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1,000.¹⁷ There were a total of 4,391 live births to young women ages 15–19 reported in Oklahoma in 2015.¹⁸

- In 2013, Oklahoma had the 36th highest reported teen abortion rate¹⁹ in the United States, with a rate of 6 abortions per 1,000 young women ages 15–19, compared to the national rate of 11 per 1,000.²⁰ There were a total of 710 abortions among young women ages 15–19 reported in Oklahoma in 2013.²¹

HIV and AIDS

- In 2015, the reported rate of diagnoses of HIV infection among adolescents ages 13–19 in Oklahoma was 3.8 per 100,000, compared to the national rate of 5.8 per 100,000.²²
- In 2015, the reported rate of AIDS diagnoses among adolescents ages 13–19 in Oklahoma was 0.5 per 100,000, compared to the national rate of 0.7 per 100,000.²³
- In 2015, the reported rate of diagnoses of HIV infection among young adults ages 20–24 in Oklahoma was 18.8 per 100,000, compared to the national rate of 31.1 per 100,000.²⁴
- In 2015, the reported rate of AIDS diagnoses among young adults ages 20–24 in Oklahoma was 3.8 per 100,000, compared to the national rate of 5.6 per 100,000.²⁵

STDs

- In 2015, Oklahoma had the 10th highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 2,285.7 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 5,887 cases of chlamydia among young people ages 15–19 reported in Oklahoma.²⁶
- In 2015, Oklahoma had the 8th highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 506.3 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 1,304 cases of gonorrhea among young people ages 15–19 reported in Oklahoma.²⁷
- In 2015, Oklahoma had the 23rd 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 3.9 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 10 cases of syphilis reported among young people ages 15–19 in Oklahoma.²⁸

Visit the Office of Adolescent Health's (OAH) [Oklahoma Adolescent Health Facts](#) for additional information.

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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 OKLAHOMA

Grantee	Award
Division of Adolescent and School Health (DASH)	
Oklahoma State Department of Health	\$65,000
TOTAL	\$65,000
Teen Pregnancy Prevention Program (TPPP)	
TPPP Tier 1B	
Choctaw Nation of Oklahoma	\$1,175,000
Oklahoma City County Health Department	\$1,200,000
Youth Services of Tulsa, Inc.	\$1,499,000
TOTAL	\$3,874,000
Personal Responsibility Education Program (PREP)	
PREP State-Grant Program	
Oklahoma State Department of Health (federal grant)	\$601,146
TOTAL	\$601,146
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)	
Oklahoma State Department of Health (federal grant)	\$897,399
TOTAL	\$897,399
GRAND TOTAL	
	\$5,437,545

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 Oklahoma funded to strengthen student health through ESHE, SHS, and SSE (1308 Strategy 2).

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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 were no DASH grantees in Oklahoma 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 was one DASH grantee in Oklahoma funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): The Oklahoma Department of Health (\$65,000).

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 Oklahoma.

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

- In FY 2017, there were three TPPP Tier 1B grantees in Oklahoma: Choctaw Nation of Oklahoma (\$1,175,000); Oklahoma City County Health Department (\$1,200,000); and Youth Services of Tulsa, Inc. (\$1,499,000).
- These local organizations in Oklahoma received a total of \$3,874,000 in TPPP Tier 1B funding.

CHOCTAW NATION OF OKLAHOMA, \$1,175,000 (FY 2017)

The Choctaw Nation is located in southeast Oklahoma and is dedicated to “enhance[ing] the lives of all members through opportunities designed to develop healthy, successful, and productive lifestyles.”²⁹ With its TPPP Tier 1B funding, the Choctaw Nation of Oklahoma intends to reduce rates of teen pregnancy and existing disparities and will offer programming to young Native Americans in the Choctaw, McCurtain, and Pushmataha counties. The following curricula will be provided in school-based settings: [Draw the](#)

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[*Line/Respect the Line*](#), [*Safer Choices*](#), and [*All4You!*](#). The Choctaw Nation of Oklahoma aims to reach 4,500 young people per year.³⁰

OKLAHOMA CITY COUNTY HEALTH DEPARTMENT, \$1,200,000 (FY 2017)

Oklahoma City County Health Department will partner with the Oklahoma County Teen Pregnancy Prevention Collaboration to administer the TPPP Tier 1B funds. Programming will be provided to young people ages 12-19 in five education and health care settings in targeted central Oklahoma City neighborhoods. The following curricula will be implemented in elementary schools, middle schools, high schools, colleges, and health clinics: [*Sisters Saving Sisters*](#), [*¡Cuidate!*](#), [*Draw the Line/Respect the Line*](#), [*Making Proud Choices!*](#), [*Making a Difference!*](#), and [*Be Proud! Be Responsible*](#). The Department aims to reach 4,000 young people per year.³¹

YOUTH SERVICES OF TULSA, INC. (YST), \$1,499,000 (FY 2017)

YST is a non-profit, community agency focused on providing “innovative and proven programs focused on counseling, runaway and homeless youth, delinquency prevention, and youth development” for young people.³² Its services and programs include an adolescent emergency shelter, counseling, and an LGBTQ support group. YST will partner with the Community Service Council to create the Tulsa Area Teen Pregnancy Prevention Collaborative and the Tulsa Campaign to Prevent Teen Pregnancy in order to administer the TPPP Tier 1B funds. The goal of the collaborative is to “collectively advance teen pregnancy prevention efforts in Tulsa County.”³³ The Collaborative will provide the following five evidence-based programs in middle schools, high schools, alternative schools, juvenile detention centers, community-based settings, and clinics: [*CAS-Carrera*](#), [*Making a Difference!*](#), [*Making Proud Choices!*](#), and [*Sexual Health and Adolescent Risk Prevention \(SHARP\)*](#). The Collaborative also plans to increase the number of referrals and the capacity of area providers to offer youth-friendly services to help more youth receive health care services. YST aims to reach 6,000 young people per year at first and grow to reach almost 10,000 young people per year by the end of the grant period.³⁴

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 Oklahoma.

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

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

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

- In FY 2017, there were no TPPP Tier 2C grantees in Oklahoma.

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-

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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 Oklahoma State Department of Health received \$601,146 in federal PREP funds.³⁵
- At the time of publication, information as to Oklahoma's use of FY 2017 PREP state-grant funds was unknown. The following information reflects implementation of FY 2016 funds during FY 2017.
- There are two sub-grantees for the Oklahoma PREP state-grant program: Oklahoma City-County Health Department (\$324,737) and the Tulsa City-County Health Department (\$351,298).³⁶

The Oklahoma State Department of Health Maternal and Child Health Service implements the state's PREP grant program in collaboration with two sub-grantees to implement adolescent pregnancy prevention programming in school-based settings. The funded programs target at-risk young African Americans, Native Americans, and Latinos ages 10–19 in middle, high, and alternative schools. Sub-grantees address the adulthood preparation topics of healthy relationships, adolescent development, and parent-child communication by using at least two of the following three curricula: [*Making a Difference!*](#), [*Making Proud Choices!*](#), and [*Power Through Choices*](#). An estimated 3,300 young people are served annually in the Oklahoma City and Tulsa metropolitan statistical areas.³⁷ Additionally, the Tulsa Health Department uses the PREP sub-grant to fund a [website](#) that provides medically accurate and age appropriate sexual health information.³⁸

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.

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- In FY 2017, there were no PREIS grantees in Oklahoma.

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 Oklahoma.

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, Oklahoma received PREP state-grant funding; therefore, entities in Oklahoma 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.³⁹

- In FY 2017, the Oklahoma Department of Health received \$897,399 in federal Title V AOUM funding.⁴⁰
- The Department disburses sub-grants to three local entities. At the time of publication, additional information on Oklahoma’s sub-grantees, approved curricula, and match was unavailable.

The Oklahoma Department of Health, along with its three sub-grantees, administers Title V AOUM grant funds to programs that target elementary and middle school students and their parents.⁴¹ Sub-grantees will serve an estimated 2,425 young people and 375 parents per year in the following counties: Tulsa, Oklahoma, Comanche, Cleveland, Canadian, McClain, Grady, Pottawatomie, Rogers, Creek, Wagoner, Beckham, Custer, Washita, and Carter. One-on-one mentoring services will be provided to at-risk children ages 6-18 two to four times a month for two to three hours per visit. Sub-grantees will use [*Choosing the Best!*](#) and [*Raising Healthy Children*](#) curricula and [*The Big Talk Book*](#) for parents.⁴²

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“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 Oklahoma.

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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 Okla. Stat. § 70-11103.3(A), www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=90134.

³ Ibid.

⁴ Okla. Stat. § 70-11103.3(C).

⁵ Okla. Stat. § 70-11103.3(D)–(E).

⁶ Okla. Stat. § 70-11103.3(B).

⁷ Okla. Stat. § 70-11103.3(C).

⁸ Okla. Stat. § 70-11105.1(B), www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=90144.

⁹ Okla. Stat. § 70-11105.1(B).

¹⁰ “Youth Online,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.

¹¹ “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.

¹² 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.

¹³ “School Health Profiles 2014,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.

¹⁴ Ibid., pg. 51.

¹⁵ 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.

¹⁶ Ibid., Table 2.6.

¹⁷ “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>.

¹⁸ 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/nativity-current.html>.

¹⁹ “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.

²⁰ 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.

²¹ Ibid., Table 2.6.

- ²² 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.
- ²³ 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.
- ²⁴ 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.
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- ²⁶ NCHHSTP Atlas, “STD Surveillance Data” (Atlanta, GA: Centers for Disease Control and Prevention), <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.
- ²⁷ Ibid.
- ²⁸ Ibid.
- ²⁹ “Home,” Choctaw Nation of Oklahoma, www.choctawnation.com.
- ³⁰ “Choctaw Nation of Oklahoma,” Grantees (OK) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/1b/choctaw-nation-of-oklahoma.html.
- ³¹ “Oklahoma City-County Health Department,” Grantees (OK) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, <https://hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/current-grantees/oklahoma-city-county-health-department/index.html>.
- ³² “About,” Youth Services of Tulsa, Inc., www.yst.org/about/.
- ³³ “Youth Services of Tulsa, Inc.,” Grantees (OK) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/1b/youth-services-of-tulsa-inc.html.
- ³⁴ Ibid.
- ³⁵ “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.
- ³⁶ “Personal Responsibility Education Program Grantee Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, April 24, 2017.
- ³⁷ Ibid.
- ³⁸ Information provided by Amy Terry, Adolescent Health Coordinator, Oklahoma State Department of Health, May 3, 2016.
- ³⁹ 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.

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⁴⁰ “2016 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/2016-title-v-grant-awards.

⁴¹ “Key Information about Oklahoma,” The National Campaign to Prevent Teen and Unplanned Pregnancy, https://thenationalcampaign.org/sites/default/files/resource-supporting-download/ok_summary_for_hill.pdf.

⁴² “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.