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

VIRGINIA

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

- **Division of Adolescent and School Health funds totaling $80,000**
- **Title V State Abstinence Education Program funds totaling $1,254,747**

In Fiscal Year 2017, local entities in Virginia received:

- **Personal Responsibility Education Innovative Strategies funds totaling $788,751**
- **Competitive Personal Responsibility Education Program funds totaling $1,471,301**

SEXUALITY EDUCATION LAW AND POLICY

STATE LAW

Virginia mandates health education, but sexuality education is not required. However, Virginia Code Annotated §§ 22.1-200, 22.1-207.1, and 22.1-207.2 state that all family life education programs that are offered 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]

According to Virginia Code Annotated § 22.1-207.1:1, "any family life education curriculum offered by a local school division shall require the Standards of Learning objectives related to dating violence and the characteristics of abusive relationships to be taught at least once in middle school and at least twice in high school."[4] The curriculum shall incorporate age-appropriate and evidence-based elements on prevention of dating violence, domestic abuse, sexual harassment, and sexual violence . Additionally, effective July 2017,

family life education curriculum may incorporate age-appropriate elements of effective and evidence-based programs on the law and meaning of consent and the fact that consent is required before sexual activity.[5]

The law states that parents or guardians may remove their students from any class.[6] This is referred to as an "opt-out" policy.

STATE STANDARDS

The state Board of Education's *Family Life Education Board of Education Guidelines and Standards of Learning for Virginia Public Schools* 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 STDs; and mental health education and awareness.[7]

Virginia also offers *Health Education Standards of Learning for Virginia Public Schools*, which are separate from the Family Life Standards mentioned above. This is consistent with the separation between health education and family life education present in the related statutes. Therefore, the health education standards do not mention anything regarding human immunodeficiency virus (HIV), STDs, pregnancy, contraception, or related sexual health topics.

STATE LEGISLATIVE SESSION ACTIVITY

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

YOUTH SEXUAL HEALTH DATA

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

While data can be a powerful tool to demonstrate the sexuality education and sexual health care needs of young people, it is important to be mindful that these behaviors and outcomes are impacted by systemic inequities present in our society that affect an individual's sexual health and wellbeing. That is, the context in which a young person's health behavior and decision-making happens is not reflected in individual data points. Notably, one example demonstrating such inequities are the limitations as to how and what data are

currently collected; please be mindful of populations who may not be included in surveys or who may be misrepresented by the data. The data categories and any associated language are taken directly from the respective surveys and are not a representation of SIECUS' positions or values. For more information regarding SIECUS' use of data, please read the FY 2017 Executive Summary, *A Portrait of Sexuality Education in the States*.

VIRGINIA YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA[8]

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 Virginia. 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."[9]

Of the data highlighted by SIECUS, Virginia only administers the question about physical dating violence.

Reported experiencing physical dating violence

- In 2015, 12.3% of female high school students and 9.5% of male high school students in Virginia 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, 11.8% of black high school students, 13.5% of Hispanic high school students, 9.3% of white high school students, and 17% of high school students who identified as multiple races in Virginia reported experiencing physical dating violence in the prior year, compared to 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.

Visit the CDC Youth Online database for additional information on youth risk behaviors.

VIRGINIA 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. Below are key instruction highlights for secondary schools in Virginia as reported for the 2013–2014 school year.

16 CRITICAL SEXUAL EDUCATION TOPICS IDENTIFIED BY THE CDC

1) How to create and sustain healthy and respectful relationships
2) Influences of family, peers, media, technology, and other factors on sexual risk behavior
3) Benefits of being sexually abstinent
4) Efficacy of condoms
5) Importance of using condoms consistently and correctly
6) Importance of using a condom at the same time as another form of contraception to prevent both STDs and pregnancy
7) How to obtain condoms
8) How to correctly use a condom
9) Communication and negotiation skills
10) Goal-setting and decision-making skills
11) How HIV and other STDs are transmitted
12) Health consequences of HIV, other STDs, and pregnancy
13) Influencing and supporting others to avoid or reduce sexual risk behaviors
14) Importance of limiting the number of sexual partners
15) How to access valid and reliable information, products, and services related to HIV, STDs, and pregnancy
16) Preventive care that is necessary to maintain reproductive and sexual health.

Source: School Health Profiles, 2014

Reported teaching all 16 critical sexual health education topics

- 17.4% of Virginia secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 6, 7, or 8.[12]

- 42% of Virginia secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 9, 10, 11, or 12.[13]

Reported teaching about the benefits of being sexually abstinent

- 81.6% of Virginia secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.[14]

- 91.8% of Virginia secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 9, 10, 11, or 12.[15]

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

- 66% of Virginia secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 6, 7, or 8.[16]

- 86.7% of Virginia secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 9, 10, 11, or 12.[17]

Reported teaching how to create and sustain healthy and respectful relationships

- 78.5% of Virginia secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 6, 7, or 8.[18]

- 91.5% of Virginia secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 9, 10, 11, or 12.[19]

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

- 59.3% of Virginia secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 6, 7, or 8.[20]

- 87.5% of Virginia secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 9, 10, 11, or 12.[21]

Reported teaching how to correctly use a condom

- 26.5% of Virginia secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.[22]

- 49.1% of Virginia secondary schools taught students how to correctly use a condom in a required course in any of grades 9, 10, 11, or 12.[23]

Reported teaching about all seven contraceptives

- 38.6% of Virginia secondary schools taught students about all seven contraceptives—birth control pill, patch, ring, and shot; implants; intrauterine device; and emergency contraception—in a required course in any of grades 9, 10, 11, or 12.[24]

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

- 17.9% of Virginia secondary schools provided students with curricula or supplementary materials that included HIV, STD, or pregnancy prevention information relevant to LGBTQ youth.[25]

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

VIRGINIA 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, Virginia had the 34th highest reported teen pregnancy rate in the United States, with a rate of 36 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 43 per 1,000.[26] There were a total of 9,460 pregnancies among young women ages 15–19 reported in Virginia in 2013.[27]

- In 2015, Virginia had the 39th highest reported teen birth rate in the United States, with a rate of 17.1 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.[28] There were a total of 4,508 live births to young women ages 15–19 reported in Virginia in 2015.[29]

- In 2013, Virginia had the 10th highest reported teen abortion rate[30] in the United States, with a rate of 11 abortions per 1,000 young women ages 15–19, compared to the national rate of 11 per 1,000.[31] There were a total of 2,820 abortions among young women ages 15–19 reported in Virginia in 2013.[32]

HIV and AIDS

- In 2015, the reported rate of diagnoses of HIV infection among adolescents ages 13–19 in Virginia was 6.2 per 100,000, compared to the national rate of 5.8 per 100,000.[33]

- In 2015, the reported rate of AIDS diagnoses among adolescents ages 13–19 in Virginia was 0.4 per 100,000, compared to the national rate of 0.7 per 100,000.[34]

- In 2015, the reported rate of diagnoses of HIV infection among young adults ages 20–24 in Virginia was 34.3 per 100,000, compared to the national rate of 31.1 per 100,000.[35]

- In 2015, the reported rate of AIDS diagnoses among young adults ages 20–24 in Virginia was 3.0 per 100,000, compared to the national rate of 5.6 per 100,000.[36]

STDs

- In 2015, Virginia had the 33rd highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 1,624.3 cases per 100,000, compared to

the national rate of 1,857.8 per 100,000. In 2015, there were a total of 8,724 cases of chlamydia among young people ages 15–19 reported in Virginia.[37]

- In 2015, Virginia had the 25th highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 291.6 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 1,566 cases of gonorrhea among young people ages 15–19 reported in Virginia.[38]

- In 2015, Virginia had the 37th 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 2.6 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 14 cases of syphilis reported among young people ages 15–19 in Virginia.[39]

Visit the Office of Adolescent Health's (OAH) Virginia 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 VIRGINIA

Grantee	Award
Division of Adolescent and School Health (DASH)	
Virginia Department of Health	$80,000
TOTAL	**$80,000**
Personal Responsibility Education Program (PREP)	
Personal Responsibility Education Innovative Strategies (PREIS)	
James Madison University	$788,751
TOTAL	**$788,751**
Competitive Personal Responsibility Education Program (CPREP)	
Family Service of Roanoke Valley	$267,048
James Madison University	$565,674
City of Alexandria	$299,699
The Virginia League for Planned Parenthood, Inc.	$338,880
TOTAL	**$1,471,301**
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)	
Virginia Department of Health (federal grant)	$1,254,747
TOTAL	**$1,254,747**
GRAND TOTAL	**$3,594,799**

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

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

- In FY 2017, there were no DASH grantees in Virginia 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 Virginia funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): The Virginia Department of Health ($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.
Tier 1B: Replicating evidence-based TPP programs to scale in communities with the greatest need.

Tier 2A: Supporting and enabling early innovation to advance adolescent health and prevent teen pregnancy.
Tier 2B: Rigorous evaluation of new or innovative approaches to prevent teen pregnancy.
Tier 2C: Effectiveness of TPP programs designed specifically for young males.

- In FY 2017, there were no TPPP grantees in Virginia.

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, Virginia declined PREP funds.

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 Virginia: James Madison University ($788,751).[40]

JAMES MADISON UNIVERSITY (JMU), $788,751 (FY 2017)

JMU is a public research university in Harrisonburg, Virginia. With its PREIS funds, JMU implements the *Vision of You (VOY)* online curriculum to serve young people ages 14-19 who live in rural areas and who are

involved with one or more of the following systems: detention centers, alternative schools, and/or young people referred to Community Service Boards. The curriculum addresses healthy relationships, adolescent development, parent-child communication, and healthy life skills.[41]

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 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, 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, there were four local entities in Virginia that received a total of $1,471,301 in CPREP funds: Family Service of Roanoke Valley ($267,048); JMU ($565,674); City of Alexandria ($299,699); and the Virginia League for Planned Parenthood ($338,880).[42]

FAMILY SERVICE OF ROANOKE VALLEY (FAMILY SERVICE), $267,048 (FY 2017)

Family Service is a private, not-for-profit organization and a "dynamic, multi-service agency helping a diverse population of clients" "improve life and restore hope to the most vulnerable … through prevention counseling and support services."[43] With its CPREP funds, Family Service implements *Teen Outreach Program (TOP)* in 12 schools, public housing, community, and juvenile justice facilities in the Roanoke area and addresses healthy relationships, financial literacy, and adolescent development. The program serves 200 young people ages 10-19 annually.[44]

JMU, $565,674 (FY 2017)

JMU's Institute for Innovation in Health and Human Services (IIHHS) engages students in career preparation by promoting scholarship, providing inter-professional learning experiences, and connecting the campus with communities through innovative programs that advance quality of life. The IIHHS provides multiple community outreach programs and initiatives that improve health and human services. With its 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 during the school day, after-school, and in community-based programming and also reaches out to the families of pregnant and parenting teens. It aims to serve young people ages 10-19 in grades 6-12.[45] In addition, JMU sub-contracts with Sentara RMH Family Connection, which runs the Parenting Education and Support (PEAS) program. In FY 2015, Sentara received $3,500 to implement a 14-week skill-building program, Staying

Connected with Your Teen, for parents with children ages 12–17 to strengthen family bonds, establish clear standards for behavior, manage teen behaviors, and encourage adolescents to grow toward independence.[46] The program is implemented within the urban and rural Harrisonburg and Rockingham areas at 15 school- and community-based settings and serves 1,828 young people annually. The curricula address healthy relationships, parent-child communication, healthy life skills, and adolescent development.[47]

CITY OF ALEXANDRIA, $299,699 (FY 2017)
The City of Alexandria uses its CPREP funds to implement evidence-based interventions in middle schools during the school day, after school in high schools, in the juvenile detention center, and in multiple community-based settings. The City of Alexandria implements *Be Proud! Be Responsible!*, *Draw the Line/Respect the Line*, *Becoming a Responsible Teen (BART)*, and *¡Cuídate!* curricula at nine school-based urban locations. The City of Alexandria will serve 254 young people ages 11-19 in grades 7-12 annually and will address healthy relationships, healthy life skills, and financial literacy.[48]

VIRGINIA LEAGUE FOR PLANNED PARENTHOOD (VLPP), $338,880 (FY 2017)
VLPP, an affiliate of the Planned Parenthood Federation of America, is a non-profit women's health care service provider. Their services include partnering with schools and community-based organizations to provide evidence-based sexual health information. With their CPREP grant, VLPP provides evidence-based programming for ninth grade students attending public high schools and young people in out-of-home care settings, including residential treatment centers, juvenile detention centers, shelters, and foster care in Hampton Roads, Virginia. VLPP uses *Making Proud Choices: An Adaptation for Youth in Out-of-Home Care* and *Reducing the Risk!*.[49] VLPP aims to serve 1,970 young people ages 10-20 annually, providing them with the following adult preparation subjects: healthy relationships, healthy life skills, and parent-child communication.[50]

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.[51]

- In FY 2017, the Virginia Department of Health received $1,254,747 in federal Title V AOUM funding.[52]
- At the time of publication, information as to Virginia's use of FY 2017 Title V AOUM funds was unknown. The following information reflects implementation of FY 2015 funds during FY 2016.
- The Virginia Department of Health provides sub-grants to eight local health departments. The sub-grantee information is listed below.[53]
- In Virginia, matching funds were provided by local health department funds.

Sub-grantee	Serving	Amount
Central Shenandoah Health Department	Central Shenandoah	$74,102
Central Virginia Health Department	Central Virginia	$30,000
Crater Health Department	Crater	$100,000
Lord Fairfax Health Department	Lord Fairfax	$125,000
Norfolk Health Department	Norfolk	$91,831
Portsmouth Health Department	Portsmouth	$49,155
Richmond City Health Department	Richmond City	$100,000
Roanoke Health Department	Roanoke	$47,544

The Virginia Department of Health administers the Title V AOUM funding in collaboration with eight local health departments to provide programming to young people ages 10–14 in both community- and school-based settings. Funded programs use the following two curricula: *Choosing the Best* and *Teen Outreach Program (TOP)*.[54]

"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 Virginia.

Points of Contact

DASH Contact

Sarah Conklin
Youth Survey Director
Virginia Department of Health
109 Governor St.
Richmond, VA 23219
Phone: (804) 864-7649
Email: Sarah.Conklin@vdh.virginia.gov

CPREP Contacts

Michael Maurice
Program Director, Office on Children & Youth
James Madison University
Phone: (540) 568-6007
Email: mauricma@jmu.edu

Paulette McElwain
President and CEO
The Virginia League for Planned Parenthood, Inc.
Phone: (804) 482-6136
Email: paulettemcelwain@vlpp.org

Sharon Thacker
President and CEO
Family Service of Roanoke Valley
Phone: (540) 563-5316
Email: sthacker@fsrv.org

Lisette Torres
ACAP Coordinator
City of Alexandria
Phone: (703) 746-3130
Email: lisette.torres@alexandriava.gov

TPPP Contact

Michael Maurice, Project Lead
James Madison University
Phone: (540) 568-6007
Email: mauricma@jmu.edu

Dr. Amanda Dainis, Evaluator
Dainis Consulting, LLC
Phone: (540) 435-6784
Email: Amandadainis@gmail.com

Title V AOUM Grant Program

Sherika Eskridge, BA
Abstinence Education Program Coordinator
Reproductive Health Programs
Division of Child and Family Health
Virginia Department of Health
109 Governor St., Suite 918

Richmond, VA 23219
Phone: (804) 864-7808
Email: Sherika.Eskridge@vdh.virginia.gov

[1] This refers to the federal government's fiscal year, which begins on October 1 and ends on September 30. The fiscal year is designated by the calendar year in which it ends; for example, FY 2017 began on October 1, 2016, and ended on September 30, 2017.
[2] Va. Code Ann. § 22.1-253.13:1(c), http://law.lis.virginia.gov/vacode/title22.1/chapter13.2/section22.1-253.13:1/.
[3] Va. Admin. Code § 20-131-170, http://law.lis.virginia.gov/admincode/title8/agency20/chapter131/section170/.
[4] Va. Code Ann. § 22.1-207.1:1, http://law.lis.virginia.gov/vacodeupdates/title22.1/section22.1-207.1:1/.
[5] Ibid., pg. 51.
[6] Va. Code Ann. § 22.1-207.2, http://law.lis.virginia.gov/vacode/title22.1/chapter13/section22.1-207.2/.
[7] Va. Code Ann. § 22.1-207.1, http://law.lis.virginia.gov/vacode/title22.1/chapter13/section22.1-207.1/.
[8] "Youth Online," Centers for Disease Control and Prevention, https://nccd.cdc.gov/youthonline/App/Default.aspx.
[9] "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.
[10] "School Health Profiles 2014," Centers for Disease Control and Prevention, https://nccd.cdc.gov/youthonline/App/Default.aspx.
[11] Ibid., pg. 51.
[12] Ibid., Table 9c.
[13] Ibid., Table 11c.
[14] Ibid., Table 9a.
[15] Ibid., Table 11a.
[16] Ibid., Table 9a.
[17] Ibid., Table 11a.
[18] Ibid., Table 9b.
[19] Ibid., Table 11b.
[20] Ibid., Table 9b.
[21] Ibid., Table 11b.
[22] Ibid., Table 9c.
[23] Ibid., Table 11c.
[24] Ibid., Table 13.
[25] Ibid., Table 39.
[26] 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.
[27] Ibid., Table 2.6.
[28] "Teen Birth Rate Comparison, 2015 Among Girls Age 15-19," The National Campaign to Prevent Teen and Unplanned Pregnancy, www.thenationalcampaign.org/data/compare/1701.
[29] 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.
[30] "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.
[31] 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.
[32] Ibid., Table 2.6.
[33] 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.

[34] 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.
[35] 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.
[36] 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.
[37] NCHHSTP Atlas, "STD Surveillance Data" (Atlanta, GA: Centers for Disease Control and Prevention), http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html.
[38] Ibid.
[39] Ibid.
[40] "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.
[41] Information provided by Michael Maurice, Program Director, Office on Children & Youth, The Institute for Innovation in Health and Human Services, James Madison University, April 18, 2017.
[42] "Competitive Personal Responsibility Education Program (PREP) Awards FY2017," Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, https://www.acf.hhs.gov/fysb/competitive-prep-awards-fy2017.
[43] "Welcome to Family Services," Family Services of Roanoke Valley, www.fsrv.org/.
[44] "Competitive Personal Responsibility Education Program Grantee Profiles," Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/cprep-profiles.
[45] Information provided by Michael Maurice, MPA, Program Director, Office on Children & Youth, James Madison University, June 15, 2017.
[46] Information provided by Michael Maurice, MPA, Program Director, Office on Children & Youth, James Madison University, May 2, 2016.
[47] "Competitive Personal Responsibility Education Program Grantee Profiles," Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/cprep-profiles.
[48] "Competitive Personal Responsibility Education Program Grantee Profiles," Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/cprep-profiles; Information provided by Rachel Mendelson, PREP Grant Coordinator, Alexandria Campaign on Adolescent Pregnancy, June 30, 2107.
[49] Information provided by Emily Yeatts, Virginia League for Planned Parenthood, May 9, 2016.
[50] "Competitive Personal Responsibility Education Program Grantee Profiles," Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/cprep-profiles.
[51] 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.

[52] "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.
[53] Information provided by Sherika Eskridge, Abstinence Education Program Coordinator, Virginia Department of Health, May 31, 2016.
[54] Ibid.