



SIECUS

Sexuality Information and Education
Council of the United States

State Profiles FISCAL YEAR 2016

VIRGINIA

In Fiscal Year 2016,¹ the state of Virginia received:

- Division of Adolescent and School Health funds totaling \$79,915
- Title V State Abstinence Education Program funds totaling \$1,305,215

In Fiscal Year 2016, local entities in Virginia received:

- Personal Responsibility Education Innovative Strategies funds totaling \$902,600
- 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

The law states that parents or guardians may remove their students from any class.⁴ [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.⁵

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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 [SIECUS' 2016 Sex Ed State Legislative Year-End Report: Top Topics and Takeaways](#).

YOUTH SEXUAL HEALTH DATA

The following sexual health behavior and outcome data represent the most recent information available on adolescent sexual health in Virginia. 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 can and often do affect an individual's sexual health and wellbeing. Additionally, there are significant limitations as to how and what data are currently collected. Young people are more than outcomes; for advocates, it is important to utilize the data in a manner that tracks our progress and pushes policies forward in a way that respects and supports the dignity of all young lives.

VIRGINIA YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA⁶

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 Centers for Disease Control and Prevention's (CDC) [Youth Online](#) database for additional information on youth risk behaviors.

VIRGINIA TEEN PREGNANCY, HIV/ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS), AND OTHER STD DATA

Teen Pregnancy, Birth, and Abortion

- In 2011, Virginia had the 37th highest teen pregnancy rate in the United States, with a rate of 43 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 52 per 1,000.⁷ There were a total of 11,450 pregnancies among young women ages 15–19 reported in Virginia in 2011.⁸

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- In 2015, Virginia had the 39th highest 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 1,000.⁹ There were a total of 4,859 live births to young women ages 15–19 reported in Virginia in 2014, the most recent year of available data.¹⁰
- In 2011, Virginia had the 18th highest teen abortion rate in the United States, with a rate of 12 abortions per 1,000 young women ages 15–19, compared to the national rate of 14 per 1,000.¹¹ There were a total of 7,520 abortions among young women ages 15–19 reported in Virginia in 2011.¹²

HIV and AIDS

- In 2015, the 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 100,000.¹³
- In 2015, the 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 100,000.¹⁴
- In 2015, the 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 100,000.¹⁵
- In 2015, the 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 100,000.¹⁶

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.¹⁷
- 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.¹⁸
- 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.¹⁹

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 PROGRAMS

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FISCAL YEAR 2016 FEDERAL FUNDING IN VIRGINIA

Grantee	Award
Division of Adolescent and School Health (DASH)	
Virginia Department of Health	\$79,915
TOTAL	\$79,915
Personal Responsibility Education Program (PREP)	
Personal Responsibility Education Innovative Strategies (PREIS)	
James Madison University	\$902,600
TOTAL	\$902,600
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)	\$1,305,215
TOTAL	\$1,305,215
GRAND TOTAL	
	\$3,759,031

DIVISION OF ADOLESCENT AND SCHOOL HEALTH

The Division of Adolescent and School Health (DASH), within the CDC, provides funding 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 2016, DASH provided funding to 18 state and 17 local education agencies to help 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 seven national, non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- In FY 2016, 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/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 2016, there were no DASH grantees in Virginia funded to deliver YMSM programming (1308 Strategy 4).

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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 Surveillance (YRBS) and School Health Profiles data for policy and program improvements.

- In FY 2016, 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 (\$79,915).

TEEN PREGNANCY PREVENTION PROGRAM

The Office of Adolescent Health (OAH), within the U.S. Department of Health and Human Services (HHS), administers the Teen Pregnancy Prevention Program (TPPP), which funds evidence-based (or innovative evidence-informed), medically accurate, and age-appropriate programs to reduce teen pregnancy. OAH provides program support, implementation evaluation, and technical assistance to grantees. In FY 2016, total funding for TPPP was \$101 million, with an additional \$6.8 million authorized for evaluation purposes, supporting a total of 84 states, cities, non-profit organizations, school districts, universities, community-based organizations, and tribal organizations that were in year two of five TPPP funding tiers' five-year cooperative agreements in 33 states and territories, including the District of Columbia and the Marshall Islands. OAH provides program support, implementation evaluation, and technical assistance to grantees and receives an additional \$6.8 million in funding for evaluation purposes. There are 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 2016, there were no TPPP grantees in Virginia.

PERSONAL RESPONSIBILITY EDUCATION PROGRAM

The Family and Youth Services Bureau (FYSB), within the Administration for Children and Families (ACF) division of HHS, administers the Personal Responsibility Education Program (PREP), which includes \$75 million 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. Details on the state grants, PREIS, Tribal PREP, and CPREP are included below.

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/AIDS, and other STDs. In FY 2016, 43 states, the District of Columbia, the Federated States of Micronesia, Guam, Puerto Rico, and the Virgin Islands received PREP state-grant funds. 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.

- In FY 2016, Virginia declined PREP funds.

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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.

- In FY 2016, there was one PREIS grantee in Virginia: James Madison University (\$902,600).²⁰

JAMES MADISON UNIVERSITY, \$902,600 (FY 2016)

James Madison University (JMU) is a public research university in Harrisonburg, Virginia. With its PREIS funds, JMU will implement 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 will address healthy relationships, adolescent development, parent-child communication, and healthy life skills.²¹ At the time of publication, more information on JMU's use of PREIS funds was unknown.

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of teen pregnancy prevention programs 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/AIDS, 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 2016, eight tribes and tribal organizations from seven states received a total of \$3,436,621.

- In FY 2016, 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/AIDS, and other STDs. Only organizations and institutions in states and territories that did not apply for PREP state grants in either of the first two fiscal years after the call for PREP state-grant applications were eligible to submit competitive applications for CPREP grants. In FY 2016, 21 CPREP grants, totaling \$10.3 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 2016, four local entities in Virginia 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).

FAMILY SERVICE OF ROANOKE VALLEY, \$267,048 (FY 2016)

Family Service of Roanoke Valley (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.”²² 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.²³

JMU, \$565,674 (FY 2016)

The university'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

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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 also reaches out to the families of pregnant and parenting teens. 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.²⁴ 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 will address healthy relationships, parent-child communication, healthy life skills, adolescent development, and educational and career success.²⁵

CITY OF ALEXANDRIA, \$299,699 (FY 2016)

The City of Alexandria uses its CPREP funds to implement [Be Proud! Be Responsible!](#), [Draw the Line/Respect the Line](#), [Becoming a Responsible Teen \(BART\)](#), and [¡Cuidate!](#) curricula at nine school-based urban locations. The City of Alexandria will serve 254 young people ages 11-19 annually and will address healthy relationships, adolescent development, healthy life schools, and financial literacy.²⁶

VIRGINIA LEAGUE FOR PLANNED PARENTHOOD, \$338,880 (FY 2016)

The Virginia League for Planned Parenthood (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!](#)²⁷ 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.²⁸

TITLE V STATE ABSTINENCE EDUCATION GRANT PROGRAM

The Title V state abstinence education grant program for abstinence-only-until-marriage (AOUM) programming, or the Title V AOUM program, is administered by FYSB, within ACF of HHS, and was funded at \$75 million in FY 2016. 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. Programs must be medically accurate and age-appropriate and must encourage abstinence as an expected outcome.

- In FY 2016, the Virginia Department of Health received \$1,305,215 in federal Title V AOUM funding.²⁹
- The Virginia Department of Health provides sub-grants to eight local health departments. The sub-grantee information is listed below.³⁰
- In Virginia, matching funds were provided by local health department funds.

Sub-grantee	Serving	Amount
Central Shenandoah Health Department	Central Shenandoah	\$74,102

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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 \(TOP\)*](#).³¹

“SEXUAL RISK AVOIDANCE EDUCATION” GRANT PROGRAM

Administered by FYSB within ACF of HHS, the “sexual risk avoidance education” (SRAE), i.e., the AOUM grant program, provides competitive funding 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 2016, \$10 million was appropriated for the SRAE grant program and \$8.98 million was awarded to 21 grantees in 12 states through a competitive application process.

- In FY 2016, there were no SRAE grantees in Virginia.

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Title V AOUM Grant Program

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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 2016 began on October 1, 2015, and ended on September 30, 2016.

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. § 22.1-207.2, <http://law.lis.virginia.gov/vacode/title22.1/chapter13/section22.1-207.2/>.

⁵ Va. Code Ann. § 22.1-207.1, <http://law.lis.virginia.gov/vacode/title22.1/chapter13/section22.1-207.1/>.

⁶ "High School YRBS," Centers for Disease Control and Prevention, <http://nccd.cdc.gov/youthonline/App/Default.aspx>.

⁷ Kost, K., and Maddow-Zimet, I., U.S. *Teenage Pregnancies, Births, and Abortions, 2011: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), www.guttmacher.org/sites/default/files/report_pdf/us-teen-pregnancy-state-trends-2011_4.pdf, Table 1.1.

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⁸ Ibid., Table 1.2.

⁹ “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.

¹⁰ “Teen Births in Virginia, Girls 15-19,” The National Campaign to Prevent Teen and Unplanned Pregnancy, www.thenationalcampaign.org/data/state/Virginia.

¹¹ Kost, K., and Maddow-Zimet, I., *U.S. Teenage Pregnancies, Births, and Abortions, 2011: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), www.guttmacher.org/sites/default/files/report_pdf/us-teen-pregnancy-state-trends-2011_4.pdf, Table 1.1.

¹² Ibid., Table 1.2.

¹³ 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.

¹⁴ 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.

¹⁵ 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.

¹⁶ 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.

¹⁷ NCHHSTP Atlas, “STD Surveillance Data” (Atlanta, GA: Centers for Disease Control and Prevention), <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ “2016 Personal Responsibility Education Innovative Strategies (PREIS) 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-preis-grant-awards.

²¹ 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.

²² “Welcome to Family Services,” Family Services of Roanoke Valley, www.fsrv.org/.

²³ “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.

²⁴ Information provided by Michael Maurice, MPA, Program Director, Office on Children & Youth, James Madison University, May 2, 2016.

²⁵ “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.

²⁶ “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.

²⁷ Information provided by Emily Yeatts, Virginia League for Planned Parenthood, May 9, 2016.

²⁸ “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.

²⁹ “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.

³⁰ Information provided by Sherika Eskridge, Abstinence Education Program Coordinator, Virginia Department of Health, May 31, 2016.

³¹ Ibid.