SIECUS | Sexuality Information and Education Council of the United States

State Profiles FISCAL YEAR 2018

The complete FY 2018 State Profiles comprise individual state-specific documents along with four other accompanying documents. The Executive Summary details the current state of sex 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 sex education trends:

- Executive Summary
- Federal Funding Overview – compared to New Jersey's federal funding
- Sex/Sexuality and human immunodeficiency virus (HIV) and other sexually transmitted infections (STIs) Education Laws by State – compared to New Jersey's education laws
- Descriptions of Curricula and Programs across the United States.

NEW JERSEY

For the last 15 years, SIECUS has released the SIECUS State Profiles to provide an overview of federally funded adolescent sexual health promotion and abstinence-only-until-marriage (AOUM) programs in the United States. Indeed, the SIECUS State Profiles' annual reporting provide invaluable insight into 15 years' worth of data documenting how funds for these programs are used and implemented in every state. Prior to this year, SIECUS has worked with every federal administration – Democrat and Republican – to collect and report this data.

Unfortunately, the 2018 SIECUS State Profiles do not include this standard level of information that readers have come to expect. The Trump administration has repeatedly ignored requests for information detailing federal funds issued through the Department of Health and Human Services' (HHS) Office of Adolescent Health (OAH) and Federal Youth Service Bureau (FYSB). In fact, the 2018 SIECUS State Profiles were delayed in publication because SIECUS staff engaged in repeated, but ultimately futile, good-faith efforts to work with these agencies under the Trump administration to obtain this expected data.

The lack of information provided in this year's State Profiles is just one more example of the Trump administration's lack of transparency, willingness to ignore evidence and research, and disregard for Congressional intent of Obama-era federal programs—particularly those designed to ensure the sexual health and well-being of young people. In place of the data that readers have come to expect, this report will instead highlight some of the adverse, and potentially unlawful, actions that these agencies under the Trump administration have taken to subvert the commitment to comprehensive sexual health information that this country has come to expect.

While severely disappointing, this omission of information reinforces the need to broadcast this well-documented truth: AOUM programs (now being called "Sexual Risk Avoidance") are ineffective.[1]

Furthermore, despite the best efforts of agencies under the Trump administration to obscure their illegitimate intent to misuse public funding for sex education, SIECUS will continue to hold this administration accountable, to seek full transparency in reporting; push Congress to assert its oversight authority; and ensure that policymakers and the public continue to receive accurate, up-to-date information needed to inform appropriate and effective use of public resources to advance the health and well-being of our nation's youth.

SEXUALITY EDUCATION LAW AND POLICY

STATE LAW

New Jersey law, §§ 18A:35-7 and §§ 18A:35-8, mandates at least 150 minutes of health education during each school week in grades 1-12.[2] In addition, high school students must acquire 3.75 credits of health education each year.[3]

> State law also requires that all sex education programs and curricula stress abstinence.[4] In addition, "[a]ny instruction concerning the use of contraceptives or prophylactics such as condoms shall also include information on their failure rates for preventing pregnancy, human immunodeficiency virus (HIV) and other [sexually transmitted diseases] (STDs) in actual use among adolescent populations and shall clearly explain the difference between risk reduction through the use of such devices and risk elimination through abstinence."[5]

In 2018, New Jersey enrolled P.L.2018, c.80, which requires instruction on the "social, emotional, and legal consequences of distributing and soliciting sexually explicit images through electronic means" at least once in middle school as part of the health education curriculum.

New Jersey allows parents or guardians to remove their children from any part of the health, family life, or sex education classes if it is "in conflict with [their] conscience, or sincerely held moral or religious beliefs."[6] This is referred to as an "opt-out" policy.

STATE STANDARDS

School districts must align their health education curricula with the New Jersey Department of Education's *Core Curriculum Content Standards for Comprehensive Health and Physical Education*, which among other instruction requirements states that "all students will acquire knowledge about the physical, emotional, and social aspects of human relationships and sexuality and apply these concepts to support a healthy, active lifestyle."[7]

In addition to the *Core Curriculum Content Standards*, the New Jersey Department of Education published the *Comprehensive Health Education and Physical Education Curriculum Framework* in 1999, which provides a "compendium of sample learning strategies [and activities], background information, and resources" to assist school districts in developing curricula that will "enable all students to meet the standards."[8] The *Curriculum Framework* includes detailed suggestions for teaching about HIV/acquired immunodeficiency syndrome (AIDS), STDs, and teen pregnancy prevention. The *Curriculum Framework* aligns with the *Core Curriculum Content Standards* and addresses a wide variety of topics for students in kindergarten through high school, including families, peer pressure, media stereotypes, the reproductive system, pregnancy, HIV/AIDS, abstinence, contraception, gender assumptions, sexual orientation, and marriage. The *Framework* aims to "provide students with the knowledge and skills needed to establish healthy relationships

and practice safe and healthful behaviors," including instruction on "healthy sexual development as well as the prevention of [STDs], HIV infection, and unintended pregnancy."[9]

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 sex education that were introduced or passed by May 31, 2018, please see the most recent analysis of state legislative activity, *SIECUS' 2018 Sex Ed State Legislative Mid-Year Report*.

YOUTH SEXUAL HEALTH DATA

Young people are more than their health behaviors and outcomes. For those working to support the sexual health and well-being 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 sex 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 well-being. 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 2018 Executive Summary, *A Portrait of Sex Education in the States*.

NEW JERSEY TEEN PREGNANCY, HUMAN IMMUNODEFICIENCY VIRUS (HIV)/ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS), AND OTHER SEXUALLY TRANSMITTED DISEASE (STD) DATA

The following data from the Centers for Disease Control and Prevention (CDC) and the Guttmacher Institute represent the most recent, uniform, state-specific statistics documenting teen pregnancy, birth, abortion, HIV/AIDS, and other STDs.[10] While certain individual states may have more recent teen pregnancy or abortion data available, the data provided here represent cohesive information available for states across the nation. For those supporting the sexual health and well-being of young people, it is important to use the data to advance their access to comprehensive education, resources, and services. However, the data are 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 well-being, 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, New Jersey had the 34th highest reported teen pregnancy rate[11] 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.[12] There were a total of 10,160 pregnancies among young women ages 15–19 reported in New Jersey in 2013.[13]

- In 2016, New Jersey had the 46th highest reported teen birth rate in the United States, with a rate of 11 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.[14] There were a total of 3,060 live births to young women ages 15–19 reported in New Jersey in 2016.[15]

- In 2013, New Jersey had the 2nd highest reported teen abortion rate[16] in the United States, with a rate of 17 abortions per 1,000 young women ages 15–19, compared to the national rate of 11 per 1,000.[17] There were a total of 4,670 abortions among young women ages 15–19 reported in New Jersey in 2013.[18]

HIV and AIDS

- In 2016, the reported rate of diagnoses of HIV infection among adolescents ages 13–19 in New Jersey was 4.4 per 100,000, compared to the national rate of 5.7 per 100,000.[19]

- In 2016, the reported rate of AIDS diagnoses among adolescents ages 13–19 in New Jersey was 0.6 per 100,000, compared to the national rate of 0.8 per 100,000.[20]

- In 2016, the reported rate of diagnoses of HIV infection among young adults ages 20–24 in New Jersey was 27.6 per 100,000, compared to the national rate of 30.2 per 100,000.[21]

- In 2016, the reported rate of AIDS diagnoses among young adults ages 20–24 in New Jersey was 5.3 per 100,000, compared to the national rate of 5.6 per 100,000.[22]

STDs

- In 2016, New Jersey had the 44th highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 1,286.9 cases per 100,000, compared to the national rate of 1,929.2 per 100,000. In 2016, there were a total of 7,378 cases of chlamydia among young people ages 15–19 reported in New Jersey.[23]

- In 2016, New Jersey had the 35th highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 240.5 cases per 100,000, compared to the national rate of 379.8 per 100,000. In 2016, there were a total of 1,379 cases of gonorrhea among young people ages 15–19 reported in New Jersey.[24]

- In 2016, New Jersey had the 27th 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 3.5 cases per 100,000, compared to the national rate of 6.1 per 100,000. In 2016, there were a total of 20 cases of syphilis reported among young people ages 15–19 in New Jersey.[25]

Visit OAH's *New Jersey Adolescent Health Facts* for additional information.

NEW JERSEY YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA[26]

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 New Jersey. 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 Youth Risk Behavior Survey (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 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."[27]

Reported ever having had sexual intercourse

- In 2013, 39.8% of female high school students and 38.2% of male high school students in New Jersey reported ever having had sexual intercourse, compared to 46% of female high school students and 47.5% of male high school students nationwide.

- In 2013, 19.7% of Asian high school students, 52.1% of black high school students, 50.6% of Hispanic high school students, and 34.7% of white high school students in New Jersey reported ever having had sexual intercourse, compared to 22.6% of Asian high school students, 60.6% of black high school students, 49.2% of Hispanic high school students, and 43.7% of white high school students nationwide.

Reported having had sexual intercourse before age 13

- In 2013, 2.2% of female high school students and 7.1% of male high school students in New Jersey reported having had sexual intercourse before age 13, compared to 3.1% of female high school students and 8.3% of male high school students nationwide.

- In 2013, 2.5% of Asian high school students, 13.3% of black high school students, 7.6% of Hispanic high school students, and 1.6% of white high school students in New Jersey reported having had sexual intercourse before age 13, compared to 3.5% of Asian high school students, 14% of black high school students, 6.4% of Hispanic high school students, and 3.3% of white high school students nationwide.

Reported being currently sexually active

- In 2013, 29.3% of female high school students and 29% of male high school students in New Jersey reported being currently sexually active, compared to 35.2% of female high school students and 32.7% of male high school students nationwide.

- In 2013, 12.7% of Asian high school students, 36.5% of black high school students, 36% of Hispanic high school students, and 27.3% of white high school students in New Jersey reported being currently sexually active, compared to 15.8% of Asian high school students, 42.1% of black high school students, 34.7% of Hispanic high school students, and 32.8% of white high school students nationwide.

Reported not using a condom during last sexual intercourse

- In 2013, 50.4% of female high school students and 31.6% of male high school students in New Jersey reported not using a condom during their last sexual intercourse, compared to 46.9% of female high school students and 34.2% of male high school students nationwide.

- In 2013, 44.5% of Hispanic high school students and 42.7% of white high school students in New Jersey reported not using a condom during their last sexual intercourse, compared to 41.7% of Hispanic high school students and 42.9% of white high school students nationwide.

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

- In 2013, 15.9% of female high school students and 11.4% of male high school students in New Jersey reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 15.7% of female high school students and 11.5% of male high school students nationwide.

- In 2013, 23% of Hispanic high school students and 7.3% of white high school students in New Jersey reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 19.7% of Hispanic high school students and 11.1% of white high school students nationwide.

Reported having had drunk alcohol or used drugs during last sexual intercourse[28]

- In 2013, 16.4% of female high school students and 26.7% of male high school students in New Jersey reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 19.3% of female high school students and 25.9% of male high school students nationwide.

- In 2013, 23.2% of Hispanic high school students and 20.2% of white high school students in New Jersey reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 24% of Hispanic high school students and 21.3% of white high school students nationwide.

Reported never having been tested for HIV

- In 2013, 89.7% of female high school students and 92.2% of male high school students in New Jersey reported never having been tested for HIV, compared to 85.4% of female high school students and 88.8% of male high school students nationwide.

- In 2013, 94.3% of Asian high school students, 81.2% of black high school students, 86.6% of Hispanic high school students, and 94.6% of white high school students in New Jersey reported never having been tested for HIV, compared to 88.9% of Asian high school students, 80.2% of black high school students, 87.2% of Hispanic high school students, and 89.3% of white high school students nationwide.

Reported having been physically forced to have sexual intercourse

- In 2013, 11.3% of female high school students and 5.5% of male high school students in New Jersey reported having been physically forced to have sexual intercourse, compared to 10.5% of female high school students and 4.2% of male high school students nationwide.

- In 2013, 8% of Asian high school students, 15.1% of black high school students, 10.2% of Hispanic high school students, and 6% of white high school students in New Jersey reported having been physically forced to have sexual intercourse, compared to 6.8% of Asian high school students, 8.4% of black high school students, 8.7% of Hispanic high school students, and 6.1% of white high school students nationwide.

Visit the CDC's *Youth Online* database for additional information on sexual behaviors.

NEW JERSEY SCHOOL HEALTH PROFILES DATA[29]

In 2017, the CDC released the School Health Profiles, which measure school health policies and practices and highlight which health topics were taught in schools across the country. Since the data were 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.[30] In the School Health Profiles, the CDC identifies 19 sexual education topics that it believes are critical to a young person's sexual health. Below are key instruction highlights for secondary schools in New Jersey as reported for the 2015–2016 school year.

19 CRITICAL SEXUAL EDUCATION TOPICS IDENTIFIED BY THE CDC

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

Source: School Health Profiles, 2016

Reported teaching all 19 critical sexual health education topics

- 27.4% of New Jersey secondary schools taught students all 19 critical sexual health education topics in a required course in any of grades 6, 7, or 8.[31]

- 84.4% of New Jersey secondary schools taught students all 19 critical sexual health education topics in a required course in any of grades 9, 10, 11, or 12.[32]

Reported teaching about the benefits of being sexually abstinent

- 90.1% of New Jersey secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.[33]

- 99.2% of New Jersey secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 9, 10, 11, or 12.[34]

Reported teaching how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy

- 80% of New Jersey 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.[35]

- 99.2% of New Jersey 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.[36]

Reported teaching how to create and sustain healthy and respectful relationships

- 89.5% of New Jersey 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.[37]

- 100% of New Jersey 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.[38]

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

- 74.9% of New Jersey 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.[39]

- 99.2% of New Jersey 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.[40]

Reported teaching how to correctly use a condom

- 36.9% of New Jersey secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.[41]

- 90.3% of New Jersey secondary schools taught students how to correctly use a condom in a required course in any of grades 9, 10, 11, or 12.[42]

Reported teaching about methods of contraception other than condoms

- 63.4% of New Jersey secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 6, 7, or 8.[43]

- 99.2% of New Jersey secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 9, 10, 11, or 12.[44]

Reported teaching about sexual orientation

- 61.3% of New Jersey secondary schools taught students about sexual orientation in a required course in any of grades 6, 7, or 8.[45]

- 93.9% of New Jersey secondary schools taught students about sexual orientation in a required course in any of grades 9, 10, 11, or 12.[46]

Reported teaching about gender roles, gender identity, or gender expression

- 59.5% of New Jersey secondary schools taught students about gender roles, gender identity, or gender expression in a required course in any of grades 6, 7, or 8.[47]

- 93.9% of New Jersey secondary schools taught students about gender roles, gender identity, or gender expression in a required course in any of grades 9, 10, 11, or 12.[48]

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

- 61.9% of New Jersey secondary schools provided students with curricula or supplementary materials that included HIV, STD, or pregnancy prevention information relevant to LGBTQ youth.[49]

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

FEDERAL FUNDING FOR SEX EDUCATION, UNINTENDED TEEN PREGNANCY, HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND OTHER SEXUALLY TRANSMITTED DISEASE (STD) PREVENTION, AND ABSTINENCE-ONLY-UNTIL-MARRIAGE (AOUM) PROGRAMS

Congress provides funding for evidence-based and innovative approaches to sex education through the CDC, OAH, and FYSB. These programs support the implementation of comprehensive sexuality education components and prioritize prevention of unintended pregnancy, HIV, and other sexually transmitted infections (STIs) among young people. The following is an overview of the federal programs and funding awarded to this state. Throughout this section, all programs are identified as they appear in official, federal documentation. However, SIECUS believes that AOUM, or so-called "Sexual Risk Avoidance," programs are not to be identified as "educational." These programs' practice of withholding information from young people is not education but is, rather, the absence of education.

FEDERAL FUNDING IN NEW JERSEY

Grantee	FY17 Award	FY18 Award
Division of Adolescent and School Health (DASH)		
New Jersey Department of Education	$108,437	$100,000
Newark Public Schools	N/A	$350,000

TOTAL	**$108,437**	**$450,000**
Teen Pregnancy Prevention Program (TPPP)		
TPPP Tier 2B		
Center for Supportive Schools	$959,500	N/A
TOTAL	**$959,500**	**N/A**
Personal Responsibility Education Program (PREP)		
PREP State-Grant Program		
New Jersey Department of Health and Senior Services (federal grant)	$1,305,824	Data withheld
TOTAL	**$1,305,824**	Data withheld
Title V Sexual Risk Avoidance Education Program (Title V SRAE)		
State of New Jersey (federal grant)	$1,359,445	$1,230,708
TOTAL	**$1,359,445**	**$1,230,708**
Sexual Risk Avoidance Education (SRAE) Program		
New Jersey Physicians Advisory Group, Inc.	$404,614	$404,614
TOTAL	**$404,614**	**$404,614**
GRAND TOTAL	**$4,137,820**	**$2,085,322**

DIVISION OF ADOLESCENT AND SCHOOL HEALTH (DASH)

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 2018, through the CDC's Division of Adolescent and School Health (DASH), 28 school districts received funding to help the districts and schools strengthen student health through sexual health education (SHE) that emphasizes HIV and other STD prevention, increases access to key sexual health services (SHS), and establishes safe and supportive environments (SSEs) for students and staff. DASH funded six national, non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- In FY 2018, there was one DASH grantee in New Jersey funded to strengthen student health through SHE, SHS, and SSEs (1807 Component 2): Newark Public Schools ($299,000).

DASH also provides funding for state, territorial, local, and tribal 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 2018, there were two DASH grantees in New Jersey funded to collect and report YRBS and School Health Profiles data (1807 Component 1): The New Jersey Department of Education ($100,000) and Newark Public Schools ($51,000).

TEEN PREGNANCY PREVENTION PROGRAM (TPPP)

OAH, within the U.S. Department of Health and Human Services (HHS), administers the Teen Pregnancy Prevention Program (TPPP), which, according to FY 2018 appropriations language, funds evidence-based (Tier 1) or innovative evidence-informed (Tier 2), medically accurate, and age-appropriate programs to

reduce teen pregnancy. In FY 2018, total funding for TPPP was $101 million. OAH also provides program support, implementation evaluation, and technical assistance to grantees and receives an additional $6.8 million in funding for evaluation purposes. For detailed information on the current status of TPPP funding, please refer to the explanation below.

Tier 1: Replicating programs – evidence-based,[50] medically accurate, and age-appropriate programs to reduce teen pregnancy.

- OAH, under the Trump administration, has refused to fund TPPP Tier 1 grantees in accordance with the law.

Tier 2: New and innovative strategies – evidence-informed, medically accurate, and age-appropriate programs to reduce teen pregnancy.

- In FY 2018, there were no TPPP Tier 2 grantees in New Jersey.

Trump Administration Attempts to Undermine Teen Pregnancy Prevention Program

The Trump administration has subjected the Teen Pregnancy Prevention Program (TPPP) to a wide variety of unlawful attacks, attempting to transform the program into an additional funding stream for abstinence-only-until-marriage (AOUM) (now being called "Sexual Risk Avoidance") programs. Attacks to TPPP have largely been led by Trump-appointed ideologues who are known to be leading opponents of comprehensive sexuality education, despite objections of career staff at HHS.

Since taking office, the Trump administration has called for the elimination of TPPP through the president's initial budget request, attempted to illegally shorten TPPP grant periods, and violated Congressional intent in attempts to shift programmatic guidelines—all in an effort to prioritize their abstinence-only ideology over evidence of what works best to ensure the sexual health and well-being of young people.

In June and July 2017, all 84 TPPP grantees were notified, without cause or explanation, that their five-year project periods would be shortened to three. Four legal challenges were filed against the Trump administration in response to the early termination of the TPPP grants. The courts ruled in favor of the plaintiffs, stating that the Trump administration's action was unlawful.

In April 2018, the Office of Adolescent Health (OAH) released new funding opportunity announcements (FOAs) for TPPP Tier 1 (Replicating Programs) and Tier 2 (New and Innovative Strategies). The new FOAs represented a significant shift from funding evidence-based programs with a focus on evaluation toward the prioritization of abstinence-only ideology. Like the unlawful grant termination, the Tier 1 FOA was also challenged in court and ruled illegal for violating Congressional intent. The Tier 2 FOA, however, was not vacated by the courts, and SIECUS was able to obtain FY 2018 data for the Tier 2 grantees.

Fortunately, the Trump administration's unlawful efforts to subvert TPPP funding have been consistently constrained by federal courts. However, HHS recently announced a list of grantees that, they claim, would have been awarded a total of $19.4 million in FY 2018 TPPP Tier 1 funding – had the courts not determined it was an illegal attempt to subvert the will of Congress. The same announcement also attempted to blame the plaintiffs who sued the administration over its act of subterfuge. Furthermore, SIECUS' attempts to identify how the missing $19.4 million in designated TPPP Tier 1 funds have been reallocated or otherwise used have been blocked by the Trump administration. Currently, Congress is

reasserting its oversight authority over the program, particularly since any use of these funds beyond what TPPP requires would be unlawful. Because information regarding the Tier 1 funds are being withheld, this year's *State Profiles* only contain Tier 2 data.

PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)

FYSB, within the Administration for Children and Families (ACF) division of HHS, administers the Personal Responsibility Education Program (PREP), which was re-authorized for a total of $75 million in FY 2018 and FY 2019. PREP funds a state-grant program, the Personal Responsibility Education Innovative Strategies (PREIS) program, which supports research and demonstration projects that implement innovative strategies for preventing pregnancy; and the Tribal Personal Responsibility Education Program (Tribal PREP), which funds tribes and tribal organizations. In addition, a provision within the PREP statute, called the Competitive Personal Responsibility Education Program (CPREP), enables community- and faith-based organizations within states and territories that do not directly seek PREP state grants to apply for funding through a competitive application process.

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 2018 and any programmatic activities that occurred during FY 2018 (October 1, 2017–September 30, 2018). It is important to remember, however, that reported programmatic activities for this period may have utilized FY 2017 funds. Details on the state grants, PREIS, Tribal PREP, and CPREP are included below. Please see below for detailed information on the PREP grant data withheld by FYSB.

PREP Program at Risk of Misuse

While PREP has not faced the same scrutiny as TPPP, the Trump administration is suspected of attempting to transform this evidence-based program into an additional funding stream for abstinence-only programs.

PREP grantee funding data from FYSB are public and have been successfully acquired by SIECUS for the past 15 years—working with both Republican and Democrat administrations—prior to the Trump administration. Yet, for the first time ever, FYSB has ignored SIECUS' many requests for grantee funding data this year.

With a five-year reauthorization of PREP slated for early 2019, SIECUS remains highly concerned that the Trump administration, and its ideologically-driven political appointees, will pursue another opportunity to eliminate evidence-based programming in order to further increase abstinence-only funding.

Personal Responsibility Education Program (PREP) State-Grant Program

The PREP state-grant program supports evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV, and other STDs. 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. PREP programs target young people who are experiencing homelessness, are in foster care, are living in rural areas or areas with high rates of adolescent births, and are from minority groups.

Personal Responsibility Education Innovative Strategies (PREIS)
PREIS funds local entities through a competitive grant program to support research and demonstration programs to develop, replicate, refine, and test innovative models for preventing unintended teen pregnancy, HIV, and other STDs among young people ages 10-19.

Tribal Personal Responsibility Education Program (Tribal PREP)
Tribal PREP supports the development and implementation of pregnancy-, HIV-, and other STD-prevention programs among native young people within tribes and tribal communities. Tribal PREP programs are designed to honor tribal needs, traditions, and cultures.

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.

TITLE V SEXUAL RISK AVOIDANCE EDUCATION GRANT PROGRAM

The Title V Sexual Risk Avoidance Education Grant program ("Title V SRAE"), previously called the Title V AOUM program,[51] is administered by FYSB, within ACF of HHS, and was authorized at $75 million for FY 2018. This state-based program must exclusively promote that "the unambiguous and primary emphasis and context" for each topic required to be taught in the new A–F definition[52] of "education on sexual risk avoidance" is a "message to youth that normalizes the optimal health behavior of avoiding nonmarital sexual activity." While grantees were required from FYs 1998–2017 to provide three state-raised dollars, or the equivalent in services, for every four federal dollars received, the state-match provision is no longer required. In FY 2018, FYSB withheld detailed information about Title V SRAE grantees and provided only the dollar amount awarded to each state.

Unlike TPPP and PREP, the Title V SRAE grant program was always intended to promote failed[53] abstinence-only programs, or so-called "Sexual Risk Avoidance" programs, rather than evidence-based sex education. However, what began as a tiny sliver of the federal budget has been funded at exponentially higher levels every year. As evidence-based programs like TPPP face continued threats of elimination, SRAE has seen a seven-fold increase in funding since its inception in 2012 (when it was known as the Competitive Abstinence Education program). The Trump administration claims that the government does not have funds to spend on adolescent sexual health. However, the numbers prove the baselessness of this claim: To date, more than $2.2 *billion* have been wasted on failed AOUM programs like Title V SRAE.

- In FY 2018, the State of New Jersey received $1,230,708 in federal Title V SRAE funding.[54]

SEXUAL RISK AVOIDANCE EDUCATION (SRAE) PROGRAM

Administered by FYSB within ACF of HHS, the SRAE program—a rebranding of the Competitive Abstinence Education 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 2018, $25 million was appropriated for the SRAE grant program, and $11.9 million was awarded to 27 grantees in 15 states through a competitive application process.

- In FY 2018, there was one SRAE grantee in New Jersey: New Jersey Physicians Advisory Group, Inc. ($404,614).[55]

NEW JERSEY PHYSICIANS ADVISORY GROUP, INC. (NJPAG), $404,614 (FY 2018)
New Jersey Physicians Advisory Group (NJPAG) is a non-profit "education and research entity with the goal of addressing the societal problems of teen pregnancy, teen STDs/STIs and single parent teen families." NJPAG works to reduce "teen sexual activity" by supporting educators, school nurses, and parents.[56] With its SRAE funds, NJPAG uses *Yes You Can!* curriculum to serve middle and high school youth ages 11-15 in school-based settings.[57] At the time of publication, no further information on NJPAG's use of SRAE funds was available.

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[1] Chin, H, et al. Community Preventive Services Task Force. *The Effectiveness of Group-based Comprehensive Risk-reduction and Abstinence Education Interventions to Prevent or Reduce the Risk of Adolescent Pregnancy, Human Immunodeficiency Virus, and Sexually Transmitted Infections: Two Systematic Reviews for the Guide to Community Preventive Services*. American Journal of Preventive Medicine. 2012;42(3):272-94; Trenholm, C, et al. *Impacts of Four Title V, Section 510 Abstinence Education Programs: Final Report*. Mathematica Policy Research Inc. April 2007.
[2] N.J. Stat. Ann. §§ 18A:35-7 and -8. www.state.nj.us/education/genfo/faq/faq_hfle.htm.
[3] N.J. Admin. Code § 6A:8-5.1(a)(1)(vi), https://advance.lexis.com/documentpage/.
[4] N.J. Stat. Ann. § 18A:35-4.20. https://law.justia.com/codes/new-jersey/2013/title-18a/section-18a-35-4.20/.
[5] N.J. Stat. Ann. § 18A:35-4.21(3). https://law.justia.com/codes/new-jersey/2013/title-18a/section-18a-35-4.21/.
[6] N.J. Stat. Ann. § 18A:35-4.7. https://law.justia.com/codes/new-jersey/2013/title-18a/section-18a-35-4.7/.
[7] N.J. Admin. Code § 6A:8-3.1; "Standard 2.4: Human Relationships and Sexuality," *2009 New Jersey Core Curriculum Content Standards for Comprehensive Health and Physical Education*, (Trenton, NJ: New Jersey Department of Education, 2009), www.state.nj.us/education/cccs/2014/chpe/standards.pdf.
[8] *New Jersey Comprehensive Health Education and Physical Education Curriculum Framework* (New Jersey; New Jersey Department of Education, 1999), www.state.nj.us/education/archive/frameworks/chpe.
[9] Ibid.
[10] SIECUS uses the term "sexually transmitted infections" (STIs). However, because the CDC uses "sexually transmitted diseases" (STDs), this report uses "STDs" when referencing their work for clarity purposes.
[11] Teen pregnancy rates are reported as a whole and without distinction between unintended and intended pregnancies rates. At the time of publication, updated information on unintended teen pregnancy rates categorized by state and age was unavailable.
[12] Arpaia, A., Kost, K., and Maddow-Zimet, I., *Pregnancies, Births and Abortions Among Adolescents and Young Women in the United States, 2013: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2017), https://www.guttmacher.org/sites/default/files/report_downloads/us-adolescent-pregnancy-trends-2013_tables.pdf, Table 2.5.
[13] Ibid., Table 2.6.
[14] "Teen Birth Rate Comparison, 2016 Among Girls Age 15-19," Power to Decide, https://powertodecide.org/what-we-do/information/national-state-data/teen-birth-rate.
[15] United States Department of Health and Human Services (U.S. DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007-2016, on CDC WONDER Online Database, February 2018. Accessed at http://wonder.cdc.gov/natality-current.html.
[16] "Abortion" used in this context refers to legally induced abortions. This rate does not include abortions that occur outside of health care facilities or are unreported. Unfortunately, there is no reliable source of information for actual rates of abortion.
[17] Arpaia, A., Kost, K., and Maddow-Zimet, I., *Pregnancies, Births and Abortions Among Adolescents and Young Women in the United States, 2013: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2017), https://www.guttmacher.org/sites/default/files/report_downloads/us-adolescent-pregnancy-trends-2013_tables.pdf, Table 2.5.
[18] Ibid., Table 2.6.
[19] Slide 17: "Rates of Diagnosis of HIV Infection among Adolescents Aged 13–19 Years 2016—United States and 6 Dependent Areas," *HIV Surveillance – Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2016.pdf.

[20] Slide 20: "Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Adolescents Aged 13–19 Years, 2016—United States and 6 Dependent Areas," *HIV Surveillance – Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2016.pdf.
[21] Slide 18: "Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years 2016—United States and 6 Dependent Areas," *HIV Surveillance – Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2016.pdf.
[22] Slide 21: "Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Young Adults Aged 20–24, 2016—United States and 6 Dependent Areas," *HIV Surveillance – Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2016.pdf.
[23] NCHHSTP Atlas, "STD Surveillance Data" (Atlanta, GA: Centers for Disease Control and Prevention), http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html.
[24] Ibid.
[25] Ibid.
[26] "Youth Online," Centers for Disease Control and Prevention, https://nccd.cdc.gov/youthonline/App/Default.aspx.
[27] "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.
[28] 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 2018 Executive Summary, *A Portrait of Sex Education in the States*, for more context.
[29] "School Health Profiles 2016," Centers for Disease Control and Prevention, https://www.cdc.gov/healthyyouth/data/profiles/pdf/2016/2016_Profiles_Report.pdf.
[30] Ibid., pg. 61.
[31] Ibid., Table 9c.
[32] Ibid., Table 11c.
[33] Ibid., Table 9a.
[34] Ibid., Table 11a.
[35] Ibid., Table 9a.
[36] Ibid., Table 11a.
[37] Ibid., Table 9b.
[38] Ibid., Table 11b.
[39] Ibid., Table 9b.
[40] Ibid., Table 11b.
[41] Ibid., Table 9c.
[42] Ibid., Table 11c.
[43] Ibid., Table 9c.
[44] Ibid., Table 11c.
[45] Ibid., Table 9c.
[46] Ibid., Table 11c.
[47] Ibid., Table 9c.
[48] Ibid., Table 11c.
[49] Ibid., Table 38.
[50] Evidence-informed curricula are intended to educate youth, building knowledge and skills, while evidence-based programs and interventions are focused solely on reducing "negative" health outcomes.
[51] In the FY 2018 reauthorization, the "Title V State Abstinence Education Grant Program" was renamed the "Title V Sexual Risk Avoidance Education" (SRAE) program. The definition of the Title V program was changed to mandate that grantees adhere to a new A-F definition as opposed to the old A-H definition for Title V programs.
[52] 42 U.S.C. 710, Title V, Section 510 of the Social Security Act, the authorization for the Title V Sexual Risk Avoidance Education grant program, requires that "education on sexual risk avoidance" programs address each of the following topics:
(A) the holistic individual and societal benefits associated with personal responsibility, self-regulation, goal setting, healthy decision-making, and a focus on the future;

(B) the advantage of refraining from nonmarital sexual activity in order to improve the future prospects and physical and emotional health of youth;

(C) the increased likelihood of avoiding poverty when youth attain self-sufficiency and emotional maturity before engaging in sexual activity;

(D) the foundational components of healthy relationships and their impact on the formation of healthy marriages and safe and stable families;
(E) how other youth risk behaviors, such as drug and alcohol usage, increase the risk for teen sex; and
(F) how to resist and avoid, and receive help regarding, sexual coercion and dating violence, recognizing that, even with consent, teen sex remains a youth risk behavior.

Regarding contraception, Title V programs must also ensure that "students understand that contraception offers physical risk reduction, but not risk elimination" and that "the education does not include demonstrations, simulations, or distribution of contraceptive devices."
http://uscode.house.gov/view.xhtml?req=(title:42%20section:710%20edition:prelim).

[53] Chin, H, et al. Community Preventive Services Task Force. *The Effectiveness of Group-based Comprehensive Risk-reduction and Abstinence Education Interventions to Prevent or Reduce the Risk of Adolescent Pregnancy, Human Immunodeficiency Virus, and Sexually Transmitted Infections: Two Systematic Reviews for the Guide to Community Preventive Services*. American Journal of Preventive Medicine. 2012;42(3):272-94; Trenholm, C, et al. *Impacts of Four Title V, Section 510 Abstinence Education Programs: Final Report*. Mathematica Policy Research Inc. April 2007.

[54] "Title V State Sexual Risk Avoidance Education Awards FY2018," Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, https://www.acf.hhs.gov/fysb/title-v-state-sexual-risk-avoidance-education.

[55] "Sexual Risk Avoidance Education Program Grantee Profiles," Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, https://www.acf.hhs.gov/fysb/resource/srae-profiles.

[56] "About Us," New Jersey Physicians Advisory Group, https://njphysicians.org/about-us/.

[57] "Sexual Risk Avoidance Education Program Grantee Profiles," Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, https://www.acf.hhs.gov/fysb/resource/srae-profiles.