

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

PENNSYLVANIA

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

- **Division of Adolescent and School Health funds totaling \$414,966**
- **Personal Responsibility Education Program funds totaling \$1,819,324**
- **Title V State Abstinence Education Program funds totaling \$2,215,568**

In Fiscal Year 2017, local entities in Pennsylvania received:

- **Division of Adolescent and School Health funds totaling \$378,750**
- **Teen Pregnancy Prevention Program funds totaling \$1,749,000**
- **Personal Responsibility Education Innovative Strategies funds totaling \$843,283**

SEXUALITY EDUCATION LAW AND POLICY

STATE LAW

Schools in Pennsylvania are not required to teach sexuality education. [Pennsylvania Constitutional Statutes Title 22 § 4.29](#), however, require primary, intermediate, middle, and high schools to teach sexually transmitted disease (STD), including human immunodeficiency virus (HIV), education; primary schools are allowed to omit instruction on the sexual methods of disease transmission.² Schools must use materials that have been determined by the local school district to be age-appropriate, discuss prevention, and stress abstinence as “the only completely reliable means of preventing sexual transmission.”³

School districts must publicize the fact that parents and guardians can review all curriculum materials. Parents and guardians whose principles or religious beliefs conflict with instruction may excuse their children from the programs.⁴ [This is referred to as an “opt-out” policy.](#)

STATE STANDARDS

The state has created the [*Academic Standards for Health, Safety, and Physical Education*](#), which include STD and HIV prevention education. All decisions regarding HIV prevention curricula and materials must be made by local school districts. School districts do not have to follow a specific curriculum, but they must use these standards as a framework for the development of their curricula.⁵ The standards include HIV and STD prevention.

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*](#).

PENNSYLVANIA YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA⁶

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 Pennsylvania. 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.”⁷

Reported ever having had sexual intercourse

- In 2015, 35.3% of female high school students and 37.3% of male high school students in Pennsylvania reported ever having had sexual intercourse, compared to 39.2% of female high school students and 43.2% of male high school students nationwide.
- In 2015, 56.9% of lesbian, gay, or bisexual (LGB) high school students, 23.6% of high school students who were unsure of their sexual orientation, and 34.9% of heterosexual high school students in Pennsylvania reported ever having had sexual intercourse, compared to 50.8% of LGB high school students, 31.6% of high school students who were unsure of their sexual orientation, and 40.9% of heterosexual high school students nationwide.
- In 2015, 57.1% of black high school students, 43.7% of Hispanic high school students, 32.2% of white high school students, and 38.5% of high school students who identified as multiple races in Pennsylvania reported ever having had sexual intercourse, compared to 48.5% of black high school students, 42.5% of Hispanic high school students, 39.9% of white high school students, and 49.2% of high school students who identified as multiple races nationwide.

Reported having had sexual intercourse before age 13

- In 2015, 2.4% of female high school students and 5.3% of male high school students in Pennsylvania reported having had sexual intercourse before age 13, compared to 2.2% of female high school students and 5.6% of male high school students nationwide.
- In 2015, 8.4% of LGB high school students, 3.1% of high school students who were unsure of their sexual orientation, and 3.4% of heterosexual high school students in Pennsylvania reported having had sexual intercourse before age 13, compared to 7.3% of LGB high school students, 8.8% of high school students who were unsure of their sexual orientation, and 3.4% of heterosexual high school students nationwide.
- In 2015, 10.0% of black high school students, 6.8% of Hispanic high school students, 2.4% of white high school students, and 7.6% of high school students who identified as multiple races in Pennsylvania reported having had sexual intercourse before age 13, compared to 8.3% of black high school students, 5.0% of Hispanic high school students, 2.5% of white high school students, and 5.8% of high school students who identified as multiple races nationwide.

Reported being currently sexually active

- In 2015, 26.5% of female high school students and 26.8% of male high school students in Pennsylvania reported being currently sexually active, compared to 29.8% of female high school students and 30.3% of male high school students nationwide.
- In 2015, 35.9% of LGB high school students, 17.1% of high school students who were unsure of their sexual orientation, and 26.3% of heterosexual high school students in

Pennsylvania reported being currently sexually active, compared to 35.1% of LGB high school students, 22.9% of high school students who were unsure of their sexual orientation, and 30.1% of heterosexual high school students nationwide.

- In 2015, 35.6% of black high school students, 28.7% of Hispanic high school students, 25.0% of white high school students, and 27.6% of high school students who identified as multiple races in Pennsylvania reported being currently sexually active, compared to 33.1% of black high school students, 30.3% of Hispanic high school students, 30.3% of white high school students, and 35.7% of high school students who identified as multiple races nationwide.

Reported not using a condom during last sexual intercourse

- In 2015, 45.2% of female high school students and 28.2% of male high school students in Pennsylvania reported not using a condom during their last sexual intercourse, compared to 48% of female high school students and 38.5% of male high school students nationwide.
- In 2015, 49.2% of LGB high school students and 35.1% of heterosexual high school students in Pennsylvania reported not using a condom during their last sexual intercourse, compared to 52.5% of LGB high school students and 42.2% of heterosexual high school students nationwide.
- In 2015, 43.5% of Hispanic high school students and 36.9% of white high school students in Pennsylvania reported not using a condom during their last sexual intercourse, compared to 44.4% of Hispanic high school students and 43.2% of white high school students nationwide.

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

- In 2015, 12.2% of female high school students and 9.9% of male high school students in Pennsylvania reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 15.2% of female high school students and 12.2% of male high school students nationwide.
- In 2015, 19.3% of LGB high school students and 10.1% of heterosexual high school students in Pennsylvania reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 26.4% of LGB high school students and 12.4% of heterosexual high school students nationwide.
- In 2015, 17.8% of Hispanic high school students and 9.4% of white high school students in Pennsylvania reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 20.0% of Hispanic high school students and 10.4% of white high school students nationwide.

Reported having had drunk alcohol or used drugs during last sexual intercourse⁸

- In 2015, 13.6% of female high school students and 24% of male high school students in Pennsylvania reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 16.4% of female high school students and 24.6% of male high school students nationwide.
- In 2015, 22.5% of LGB high school students and 17.8% of heterosexual high school students in Pennsylvania reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 22.4% of LGB high school students and 20% of heterosexual high school students nationwide.
- In 2015, 21.9% of Hispanic high school students and 17.9% of white high school students in Pennsylvania reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 22.8% of Hispanic high school students and 19.3% of white high school students nationwide.

Reported never having been tested for HIV

- In 2015, 88.7% of female high school students and 89.1% of male high school students in Pennsylvania reported never having been tested for HIV, compared to 88.9% of female high school students and 90.7% of male high school students nationwide.
- In 2015, 73.1% of LGB high school students, 91.4% of high school students who were unsure of their sexual orientation, and 90.3% of heterosexual high school students in Pennsylvania reported never having been tested for HIV, compared to 81.8% of LGB high school students, 87.2% of high school students who were unsure of their sexual orientation, and 90.7% of heterosexual high school students nationwide.
- In 2015, 72.4% of black high school students, 80.6% of Hispanic high school students, 93.0% of white high school students, and 88.6% of high school students who identified as multiple races in Pennsylvania reported never having been tested for HIV, compared to 83.4% of black high school students, 88.9% of Hispanic high school students, 92.0% of white high school students, and 86.6% of high school students who identified as multiple races nationwide.

Reported having been physically forced to have sexual intercourse

- In 2015, 9.5% of female high school students and 3.4% of male high school students in Pennsylvania reported having been physically forced to have sexual intercourse, compared to 10.3% of female high school students and 3.1% of male high school students nationwide.
- In 2015, 21.3% of LGB high school students, 8.9% of high school students who were unsure of their sexual orientation, and 4.9% of heterosexual high school students in Pennsylvania reported having been physically forced to have sexual intercourse, compared to

17.8% of LGB high school students, 12.6% of high school students who were unsure of their sexual orientation, and 5.4% of heterosexual high school students nationwide.

- In 2015, 9.9% of black high school students, 9.4% of Hispanic high school students, 5.2% of white high school students, and 15.8% of high school students who identified as multiple races in Pennsylvania reported having been physically forced to have sexual intercourse, compared to 7.3% of black high school students, 7.0% of Hispanic high school students, 6.0% of white high school students, and 12.1% of high school students who identified as multiple races nationwide.

Reported experiencing physical dating violence

- In 2015, 9.4% of female high school students and 5.0% of male high school students in Pennsylvania 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, 20.0% of LGB high school students, 18.4% of high school students who were unsure of their sexual orientation, and 5.6% of heterosexual high school students in Pennsylvania reported experiencing physical dating violence in the prior year, compared to 17.5% of LGB high school students, 24.5% of high school students who were unsure of their sexual orientation, and 8.3% of heterosexual high school students nationwide.
- In 2015, 7.8% of black high school students, 11.1% of Hispanic high school students, and 6.2% of white high school students in Pennsylvania 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, and 9.0% of white high school students nationwide.

Reported experiencing sexual dating violence

- In 2015, 14.2% of female high school students and 4.3% of male high school students in Pennsylvania reported experiencing sexual dating violence in the prior year, compared to 15.6% of female high school students and 5.4% of male high school students nationwide.
- In 2015, 23.0% of LGB high school students, 28.2% of high school students who were unsure of their sexual orientation, and 7.4% of heterosexual high school students in Pennsylvania reported experiencing sexual dating violence in the prior year, compared to 22.7% of LGB high school students, 23.8% of high school students who were unsure of their sexual orientation, and 9.1% of heterosexual high school students nationwide.
- In 2015, 8.7% of black high school students, 9.6% of Hispanic high school students, and 9.3% of white high school students in Pennsylvania reported experiencing sexual dating violence in the prior year, compared to 10.0% of black high school students, 10.6% of Hispanic high school students, and 10.1% of white high school students nationwide.

Visit the CDC [Youth Online](#) database and [Health Risks Among Sexual Minority Youth](#) report for additional information on sexual behaviors.

PENNSYLVANIA SCHOOL HEALTH PROFILES DATA⁹

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.¹⁰ 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 Pennsylvania 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

- 11.4% of Pennsylvania secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 6, 7, or 8.¹¹
- 46.9% of Pennsylvania secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 9, 10, 11, or 12.¹²

Reported teaching about the benefits of being sexually abstinent

- 74.2% of Pennsylvania secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.¹³

- 94% of Pennsylvania secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 9, 10, 11, or 12.¹⁴

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

- 58.4% of Pennsylvania 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 8.¹⁵
- 88.6% of Pennsylvania 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 12.¹⁶

Reported teaching how to create and sustain healthy and respectful relationships

- 69.8% of Pennsylvania secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 6, 7, or 8.¹⁷
- 89.2% of Pennsylvania 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 12.¹⁸

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

- 54.4% of Pennsylvania 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 8.¹⁹
- 86.7% of Pennsylvania 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 12.²⁰

Reported teaching how to correctly use a condom

- 14.5% of Pennsylvania secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.²¹
- 53.1% of Pennsylvania secondary schools taught students how to correctly use a condom in a required course in any of grades 9, 10, 11, or 12.²²

Reported teaching about all seven contraceptives

- 50% of Pennsylvania 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 12.²³

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

- 29.3% of Pennsylvania secondary schools provided students with curricula or supplementary materials that included HIV, STD, or pregnancy prevention information relevant to LGBTQ youth.²⁴

Visit the CDC's [School Health Profiles](#) report for additional information on school health policies and practices.

PENNSYLVANIA 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, Pennsylvania had the 38th highest teen pregnancy rate in the United States, with a rate of 35 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 43 per 1,000.²⁵ There were a total of 14,680 pregnancies among young women ages 15–19 reported in Pennsylvania in 2013.²⁶
- In 2015, Pennsylvania had the 36th highest teen birth rate in the United States, with a rate of 17.7 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.²⁷ There were a total of 7,218 live births to young women ages 15–19 reported in Pennsylvania in 2015.²⁸
- In 2013, Pennsylvania had the 17th highest teen abortion rate²⁹ in the United States, with a rate of 9 abortions per 1,000 young women ages 15–19, compared to the national rate of 11 per 1,000.³⁰ There were a total of 3,900 abortions among young women ages 15–19 reported in Pennsylvania in 2013.³¹

HIV and AIDS

- In 2015, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Pennsylvania was 5.4 per 100,000, compared to the national rate of 5.8 per 100,000.³²
- In 2015, the rate of AIDS diagnoses among adolescents ages 13–19 in Pennsylvania was 1.1 per 100,000, compared to the national rate of 0.7 per 100,000.³³

- In 2015, the rate of diagnoses of HIV infection among young adults ages 20–24 in Pennsylvania was 23.9 per 100,000, compared to the national rate of 31.1 per 100,000.³⁴
- In 2015, the rate of AIDS diagnoses among young adults ages 20–24 in Pennsylvania was 4.6 per 100,000, compared to the national rate of 5.6 per 100,000.³⁵

STDs

- In 2015, Pennsylvania had the 23rd highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 1,772.2 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 14,810 cases of chlamydia among young people ages 15–19 reported in Pennsylvania.³⁶
- In 2015, Pennsylvania had the 21st highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 322.6 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 2,696 cases of gonorrhea among young people ages 15–19 reported in Pennsylvania.³⁷
- In 2015, Pennsylvania had the 17th 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 5.6 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 47 cases of syphilis reported among young people ages 15–19 in Pennsylvania.³⁸

Visit the Office of Adolescent Health's (OAH) [Pennsylvania 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 PENNSYLVANIA

Grantee	Award
Division of Adolescent and School Health (DASH)	
Pennsylvania Department of Education	\$414,966
School District of Philadelphia	\$378,750
TOTAL	\$793,716
Teen Pregnancy Prevention Program (TPPP)	
TPPP Tier 2B	
Carnegie Mellon University	\$1,000,000
Public Health Management Corporation	\$749,000
TOTAL	\$1,749,000

Personal Responsibility Education Program (PREP)	
PREP State-Grant Program	
Pennsylvania Department of Health (federal grant)	\$1,819,324
TOTAL	\$1,819,324
Personal Responsibility Education Innovative Strategies (PREIS)	
Philadelphia Health Management Corporation	\$843,283
TOTAL	\$843,283
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)	
Pennsylvania Department of Health (federal grant)	\$2,215,568
TOTAL	\$2,215,568
GRAND TOTAL	\$7,420,891

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 two DASH grantees in Pennsylvania funded to strengthen student health through ESHE, SHS, and SSE (1308 Strategy 2): The Pennsylvania Department of Education (\$320,000) and the School District of Philadelphia (\$320,000).

PENNSYLVANIA DEPARTMENT OF EDUCATION, \$320,000 (FY 2017)

With its 1308 Strategy 2 funds, the Pennsylvania Department of Education provides technical assistance to help select middle and high school sexual health curricula and allows districts to identify curricula consistent with community norms and the department framework. To connect students to locally available sexual health services and resources, the Department will release a list of youth-friendly sexual health providers to districts. Additionally, to expand efforts to provide an environment where all students and staff feel safe, the Department is helping districts assess bullying and sexual harassment policy language.³⁹

SCHOOL DISTRICT OF PHILADELPHIA, \$320,000 (FY 2017)

With its 1308 Strategy 2 funds, the School District of Philadelphia works with schools and uses experienced health educators to support staff to select sexual health curriculum that can be effectively delivered to the district's high school students. To make it easier for district staff to provide guidance to students, the school district revised its health services referral system. Additionally, the school district

works with national and local partners to provide bullying and harassment prevention training and other support to district staff.⁴⁰

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 Pennsylvania 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 were two DASH grantees in Pennsylvania funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): The Pennsylvania Department of Education (\$94,966) and the School District of Philadelphia (\$58,750).

TEEN PREGNANCY PREVENTION PROGRAM (TPPP)

The OAH, within the U.S. Department of Health and Human Services (HHS), administers TPPP, which funds evidence-based or innovative evidence-informed, medically accurate, and age-appropriate programs to reduce teen pregnancy. In FY 2017, total funding for TPPP was \$101 million, supporting 84 states, cities, non-profit organizations, school districts, universities, community-based organizations, and tribal organizations. These grantees were in year three of five 'TPPP funding tiers' five-year cooperative agreements in 33 states, the District of Columbia, and the Marshall Islands. In June 2017, however, 81 of the 84 grantees were notified, without cause or explanation, that their project periods were shortened to just three years, to end on June 30, 2018. Since the other three grantees are on a different grant cycle, they had not yet received notice on the status of their funding at the time of publication. OAH provides program support, implementation evaluation, and technical assistance to grantees and receives an additional \$6.8 million in funding for evaluation purposes. Below is information on the five TPPP funding tiers:

Tier 1A: Capacity building to support replication of evidence-based TPP programs.

- In FY 2017, there were no TPPP Tier 1A grantees in Pennsylvania.

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

- In FY 2017, there were no TPPP Tier 1B grantees in Pennsylvania.

Tier 2A: Supporting and enabling early innovation to advance adolescent health and prevent teen pregnancy.

- In FY 2017, there were no TPPP Tier 2A grantees in Pennsylvania.

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

- In FY 2017, there were two TPPP Tier 2B grantees in Pennsylvania: Carnegie Mellon University (\$1,000,000) and Public Health Management Corporation (\$749,000).
- These local entities in Pennsylvania received a total of \$1,749,000 in TPPP Tier 2B funding.

CARNEGIE MELLON UNIVERSITY (CMU), \$1,000,000 (FY 2017)

CMU is a private research university located in Pittsburgh, Pennsylvania. With its TPPP funding, CMU will develop and evaluate an intervention called *Making Healthy Decisions*, a program composed of *Your Move* and *Eat Smart*. The goal of the intervention is to reduce unplanned pregnancies in young women ages 14–19 through a series of seven group sessions. Each session incorporates a video element and brief post-session “homework” activities. The intervention will be evaluated through a group randomized control trial with self-reported sexual behaviors over a nine-month follow up period. CMU will reach 550 young people per year in Western Pennsylvania, as well as in Delaware, Central and Western New York, Central and Greater Northern New Jersey, Metro New Jersey, and the St. Louis Region.⁴¹

PUBLIC HEALTH MANAGEMENT CORPORATION (PHMC), \$749,000 (FY 2017)

Located in Philadelphia, PHMC is a non-profit, public health institute “that builds healthier communities through partnerships with government, foundations, businesses, and community-based organizations.”⁴² PHMC provides health promotion, education, outreach, technical assistance, and direct services to communities in greater Philadelphia and across the country. With its TPPP funding, PHMC will evaluate [*Promoting Awareness through Live Movement and Sound \(PALMS-TPP\)*](#), an innovative, theater-based and group-level intervention that is tailored for African American men ages 15–22. The goal of the invention is to use theories of peer training, trauma-informed principles, behavior change, resiliency, and positive youth development to “reduce young men’s risk for teen pregnancy and to strengthen protective factors that have been found to be associated with improved sexual decision-making and reduced likelihood of teen or unplanned pregnancy.”⁴³ Participants for evaluation will be recruited from community-based, non-school settings in Philadelphia and be asked to attend four group sessions. Evaluation will occur in a randomized control trial and will measure the intervention’s impact on the number of partners and episodes of unprotected vaginal sex. PHMC aims to reach 250 young people per year over the grant period.⁴⁴

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

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

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, the Pennsylvania Department of Health received \$1,819,324 in federal PREP funds.⁴⁵
- The Department provides sub-grants to 17 local public and private entities. The sub-grantee information is listed below.⁴⁶

Sub-grantee	Serving	Amount
Adagio Health	Adolph Village (group homes/independent living)	\$88,000
Beacon Light	Custer City School and Youngsville Treatment Center	\$85,163
Children's Home of York	Girls' Center Residential Treatment Program, Independent Living Program at George Street, BRIDGES Psychiatric Partial Hospitalization Program, and York County Youth Development Center	\$79,901
Children's Home of York Permanency	Foster youth	\$62,209
Congreso de Latinos Unidos	Julia de Burgos and Roberto Clemente Middle Schools	\$88,000
Family Health Council of Central PA	Northern Dauphin County YMCA and surrounding school districts, Harrisburg City School District, Central Dauphin East, and Lancaster LGBT Center	\$88,000
Family Health Council of Central PA	Northern Dauphin County YMCA and Surrounding school districts, Harrisburg City School District, Central Dauphin East, and Lancaster LGBT Center	\$88,000
Maternal and Family Health Services	Network of community partners in Lackawanna, Luzerne, Schuylkill, and Wayne Counties	\$88,000
Mazzoni	Community-based programs in Philadelphia	\$88,000

Persad Center	PREP grantees – provides them with LGBTQ cultural competency training	\$160,000
Penn State University	Sarah Reed Children’s Center	\$85,352
Planned Parenthood Keystone	Berks, Bucks, Dauphin, Lackawanna, Lancaster, Lehigh, Luzerne, and York	\$87,995
Public Health Management Corporation	Philadelphia School District	\$88,000
Public Health Management Corporation	Philadelphia School District	\$88,000
Spanish American Civic Association for Equality, Inc.	Community-based programs in Lancaster County	\$82,027
Trehab	Young people enrolled in the grantee’s drug and alcohol program, Blue Ridge High School, and Montrose High School	\$88,000
Turning Points for Children	Transitional living programs in Philadelphia	\$87,429

The Pennsylvania PREP state-grant program is administered statewide by the Pennsylvania Department of Health in collaboration with 17 sub-grantees, who provide programming to young people ages 10-19 and 20-21, if pregnant or parenting. Curricula used by grantees include: [Rikers Health Advocacy Program](#), [Street Smart](#), [Making Proud Choices!](#), [Becoming a Responsible Teen \(BART\)](#), [All4You!](#), [Be Proud! Be Responsible!](#), [Be Proud! Be Responsible! Be Protective!](#), [Promoting Health Among Teens \(PHAT\) - Comprehensive](#), [Sexual Health and Adolescent Risk Prevention \(SHARP\)](#), and [SiHLE \(Sisters Informing, Healing, Living, and Empowering\)](#). All grantees are required to address adolescent development, healthy relationships, and healthy life skills.⁴⁷

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 Pennsylvania: Public Health Management Corporation (\$843,283).⁴⁸

PHMC, \$843,283 (FY 2017)

PHMC uses its PREIS grant to implement [PALMS for Youth with ASD \(PYA\)](#), “a research study designed to evaluate the impact of an innovative, theater-based teen pregnancy and [sexually transmitted infection] (STI) prevention intervention tailored specifically for young people with autism spectrum disorder (ASD).”⁴⁹

Through this program, PHMC hopes to impact young people ages 14-19 with ASD in Philadelphia, Bucks, Chester, Montgomery, and Delaware Counties in Pennsylvania, as well as in Camden County in New Jersey.⁵⁰

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 Pennsylvania.

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, Pennsylvania received PREP state-grant funding; therefore, entities in Pennsylvania were not eligible for CPREP.

TITLE V “ABSTINENCE EDUCATION” STATE GRANT PROGRAM

The Title V “abstinence education” state grant program for AOUM programming, or the Title V AOUM program, is administered by FYSB, within ACF of HHS, and was authorized at \$75 million for FY 2017. The Title V AOUM program requires states to provide three state-raised dollars, or the equivalent in services, for every four federal dollars received. The state match may be provided in part or in full by local groups. All programs funded by Title V AOUM must exclusively promote abstinence from sexual activity and may provide mentoring, counseling, and adult supervision toward this end.⁵¹

- In FY 2017, the Pennsylvania Department of Health received \$2,215,568 in federal Title V AOUM funding.⁵²
- At the time of publication, information as to Pennsylvania’s use of FY 2017 Title V AOUM funds was unknown. The following information reflects implementation of FY 2016 funds during FY 2017.
- The Department provides sub-grants to six local public and private entities. The sub-grantee information is listed below.⁵³
- In Pennsylvania, the match is provided by the sub-grantees through in-kind services, other state or local funds, and sources that do not use federal funds.

Sub-grantee	Serving	Amount
Adagio Health	See narrative below	\$85,000
Amachi Pittsburgh	See narrative below	\$85,000
Congreso de Latinos Unidos	See narrative below	\$85,000
Family Health Council of Central Pennsylvania	See narrative below	\$85,000
Lawrence County Community Action Partnership	See narrative below	\$85,000
Temple University	See narrative below	\$400,000

The Pennsylvania Department of Health administers the Title V AOUM grant along with six sub-grantees. The funds are used to support Healthy Youth PA, Pennsylvania’s AOUM program. Healthy Youth PA uses a federally approved program model of mentoring, counseling, and adult supervision activities to promote abstinence from sexual activity. Some sub-grantees also use [*Promoting Health Among Teens \(PHAT\)*](#) for their

adult-led group session component. Temple University acts as the training and technical assistance coordinator for Healthy Youth PA and does not provide direct services to young people and their families. Programming is primarily implemented through community-based organizations and is not implemented during school hours. Healthy Youth PA serves youth ages 9-14 and targets populations that are most likely to bear children out of wedlock, as well as communities of the African American and Latino population. An emphasis is also placed on reaching young people who are LGBTQ. Programming is being implemented in Allegheny, Dauphin, Lawrence, and Philadelphia counties.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 Pennsylvania.

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¹ This refers to the federal government's fiscal year, which begins on October 1 and ends on September 30. The fiscal year is designated by the calendar year in which it ends; for example, FY 2017 began on October 1, 2016, and ended on September 30, 2017.

² 022 Pa. Const. Stat. § 4.29(a) and (b), www.pacode.com/secure/data/022/chapter4/s4.29.html.

³ 022 Pa. Const. Stat. § 4.29(a).

⁴ 022 Pa. Const. Stat. § 4.29(c).

⁵ *Academic Standards for Health, Safety, and Physical Education* (Pennsylvania: Pennsylvania Department of Education, 2002), www.portal.state.pa.us/portal/server.pt?open=18&objID=380421&mode=2.

⁶ “Youth Online,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.

⁷ “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.

⁸ It is critical to examine social determinants when analyzing potentially stigmatizing data. Accounting for differences in people’s lived experiences based on race, ethnicity, sexual orientation, socioeconomic status, etc., is a vital part of understanding the context in which the data exist. We encourage readers to exercise caution when using the data and warn readers against using the data in a manner that conflates correlation with causation. Please visit the FY 2017 Executive Summary, *A Portrait of Sexuality Education in the States*, for more context.

⁹ “School Health Profiles 2014,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.

¹⁰ Ibid., pg. 51.

¹¹ Ibid., Table 9c.

¹² Ibid., Table 11c.

¹³ Ibid., Table 9a.

¹⁴ Ibid., Table 11a.

¹⁵ Ibid., Table 9a.

¹⁶ Ibid., Table 11a.

¹⁷ Ibid., Table 9b.

¹⁸ Ibid., Table 11b.

¹⁹ Ibid., Table 9b.

²⁰ Ibid., Table 11b.

²¹ Ibid., Table 9c.

²² Ibid., Table 11c.

²³ Ibid., Table 13.

²⁴ Ibid., Table 39.

²⁵ 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.

²⁶ Ibid., Table 2.6.

²⁷ “Teen Birth Rate Comparison, 2015 Among Girls Age 15-19,” The National Campaign to Prevent Teen and Unplanned Pregnancy, <https://thenationalcampaign.org/data/compare/1701>.

²⁸ United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007-2015, on CDC WONDER Online Database, February 2017. Accessed at <http://wonder.cdc.gov/nativity-current.html>.

²⁹ “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.

³⁰ 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.

³¹ Ibid., Table 2.6.

³² 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.

³³ 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.

³⁴ Slide 18: “Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.

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- ³⁵ 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.
- ³⁶ NCHHSTP Atlas, “STD Surveillance Data” (Atlanta, GA: Centers for Disease Control and Prevention), <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.
- ³⁷ Ibid.
- ³⁸ Ibid.
- ³⁹ Centers for Disease Control and Prevention, Adolescent and School Health, Funded State Agencies, Atlanta, GA, www.cdc.gov/healthyyouth/partners/funded_states.htm#pa.
- ⁴⁰ Centers for Disease Control and Prevention, Adolescent and School Health, Funded Local Agencies, Atlanta, GA, www.cdc.gov/healthyyouth/partners/funded_locals.htm#philly.
- ⁴¹ “Carnegie Mellon University,” Grantees (PA) – TPP Tier 2B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/2b/carnegie-mellon-university.html.
- ⁴² “About Us,” Public Health Management Corporation, www.phmc.org/site/index.php?option=com_content&view=article&id=2&Itemid=32.
- ⁴³ “Public Health Management Corporation,” Grantees (PA) – TPP Tier 2B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/2b/public-health-management-corporation.html.
- ⁴⁴ Ibid.
- ⁴⁵ “2017 State Personal Responsibility Education Program (PREP) Awards,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/2017-state-prep-awards.
- ⁴⁶ Information provided by Naomi Zeiset, Public Health Program Manager, Division of Child and Adult Health Services, Pennsylvania Department of Health, June 16, 2017.
- ⁴⁷ Ibid.
- ⁴⁸ “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>.
- ⁴⁹ Information provided by Emmy Stup, Project Director, Public Health Management Corporation, April 17, 2017.
- ⁵⁰ Ibid.
- 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 Naomi Zeiset, Public Health Program Manager, Division of Child and Adult Health Services, Pennsylvania Department of Health, April 17, 2017.
- ⁵⁴ Ibid.