

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

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

- **Division of Adolescent and School Health funds totaling \$79,997**
- **Teen Pregnancy Prevention Program funds totaling \$965,988**
- **Personal Responsibility Education Program funds totaling \$477,654**
- **Title V State Abstinence Education Program funds totaling \$469,089**

SEXUALITY EDUCATION LAW AND POLICY

STATE LAW

[Iowa Code 256.11](#) mandates that research-based, age-appropriate health education be taught in grades K–12, and the code details what must be covered in each grade. In grades 1–6, “the health curriculum shall include the characteristics of communicable diseases, including acquired immunodeficiency syndrome [AIDS].”² In grades 7–8, health education must “include the characteristics of sexually transmitted disease [STD] and AIDS.”³ In grades 9–12, students are required to take one unit of health instruction, which must include information on “the prevention and control of disease, including [STDs] and [AIDS].”⁴ Additionally, health curricula must include information about human papillomavirus (HPV) and the HPV vaccine.

[Iowa Code §§ 279.50](#) mandates that the curriculum use materials that are up-to-date, age-appropriate, and research-based/medically accurate; furthermore, all information must be free of biases based on race, ethnicity, sexual orientation, or gender.⁵ School districts shall teach age-appropriate, science-based, comprehensive sexuality education as part of the health curriculum, but they may also use abstinence-only materials so long as those materials fall within the parameters of the law.

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Parents or guardians may remove their children from any part of health education courses if the course conflicts with the student's religious beliefs. [This is referred to as an "opt-out" policy.](#)

STATE STANDARDS

Iowa provides the "[Iowa Core: K-12 21st Century Skills](#)" as guidance for curricula development. The only mention of sexual health in the standards is for students to be able to "describe the interrelationships of the wellness dimensions: physical, emotional, intellectual, environmental, social, sexual, and spiritual wellness during adolescence."

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](#).

IOWA YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA⁶

The Centers for Disease Control and Prevention (CDC) monitors several behavioral health risks among young people through administration of the YRBS. 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 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

Iowa chose not to participate in the CDC's 2013 or 2015 YRBS. The state conducts its own youth risk behavior survey, but it does not ask about sexual risk behaviors. Visit the CDC [Youth Online](#) database for 2011 YRBS data and the State of Iowa's [Youth Survey](#) publications for information on non-sexual health-related youth risk behaviors.

IOWA SCHOOL HEALTH PROFILES DATA⁸

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.⁹ 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 Iowa 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

- 28.2% of Iowa secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 6, 7, or 8.¹⁰
- 35.4% of Iowa secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 9, 10, 11, or 12.¹¹

Reported teaching about the benefits of being sexually abstinent

- 77.2% of Iowa secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.¹²
- 81.1% of Iowa secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 9, 10, 11, or 12.¹³

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

- 62.5% of Iowa 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 8.¹⁴
- 78.2% of Iowa 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 12.¹⁵

Reported teaching how to create and sustain healthy and respectful relationships

- 76.5% of Iowa secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 6, 7, or 8.¹⁶
- 80.8% of Iowa 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 12.¹⁷

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

- 62.4% of Iowa 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 8.¹⁸
- 74.4% of Iowa 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 12.¹⁹

Reported teaching how to correctly use a condom

- 33.1% of Iowa secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.²⁰
- 48.8% of Iowa secondary schools taught students how to correctly use a condom in a required course in any of grades 9, 10, 11, or 12.²¹

Reported teaching about all seven contraceptives

- 36.6% of Iowa 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 12.²²

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

- 32.6% of Iowa secondary schools provided students with curricula or supplementary materials that included HIV, STD, or pregnancy prevention information relevant to LGBTQ youth.²³

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

IOWA 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, Iowa had the 41st highest reported teen pregnancy rate²⁴ in the United States, with a rate of 32 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 3,290 pregnancies among young women ages 15–19 reported in Iowa in 2013.²⁶
- In 2015, Iowa had the 34th highest reported teen birth rate in the United States, with a rate of 18.6 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 1,943 live births to young women ages 15–19 reported in Iowa in 2015.²⁸
- In 2013, Iowa had the 39th highest reported teen abortion rate²⁹ in the United States, with a rate of 5 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 500 abortions among young women ages 15–19 reported in Iowa in 2013.³¹

HIV and AIDS

- In 2015, the reported rate of diagnoses of HIV infection among adolescents ages 13–19 in Iowa was 1.4 per 100,000, compared to the national rate of 5.8 per 100,000.³²
- In 2015, the reported rate of AIDS diagnoses among adolescents ages 13–19 in Iowa was 0.0 per 100,000, compared to the national rate of 0.7 per 100,000.³³
- In 2015, the reported rate of diagnoses of HIV infection among young adults ages 20–24 in Iowa was 12.5 per 100,000, compared to the national rate of 31.1 per 100,000.³⁴
- In 2015, the reported rate of AIDS diagnoses among young adults ages 20–24 in Iowa was 2.2 per 100,000, compared to the national rate of 5.6 per 100,000.³⁵

STDs

- In 2015, Iowa had the 36th highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 1,547.7 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 3,292 cases of chlamydia among young people ages 15–19 reported in Iowa.³⁶
- In 2015, Iowa had the 37th highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 194.2 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 413 cases of gonorrhea among young people ages 15–19 reported in Iowa.³⁷
- In 2015, Iowa had the 31st highest rate of reported cases of primary and secondary syphilis among young people ages 15–19 in the United States, with an infection rate of 2.8 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 6 cases of syphilis reported among young people ages 15–19 in Iowa.³⁸

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

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FEDERAL FUNDING FOR SEXUALITY EDUCATION, UNINTENDED TEEN PREGNANCY, HIV AND OTHER STD PREVENTION, AND ABSTINENCE-ONLY-UNTIL-MARRIAGE (AOUM) PROGRAMS
FISCAL YEAR 2017 FEDERAL FUNDING IN IOWA

Grantee	Award
Division of Adolescent and School Health (DASH)	
Iowa Department of Education	\$79,997
TOTAL	\$79,997
Teen Pregnancy Prevention Program (TPPP)	
Planned Parenthood of the Heartland	\$965,988
TOTAL	\$965,988
Personal Responsibility Education Program (PREP)	
PREP State-Grant Program	
Iowa Department of Public Health (federal grant)	\$477,654
TOTAL	\$477,654
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)	
Iowa Department of Public Health	\$469,089
TOTAL	\$469,089
GRAND TOTAL	\$1,992,728

DIVISION OF ADOLESCENT AND SCHOOL HEALTH

The CDC's school-based HIV prevention efforts include funding and technical assistance to state and local education agencies through several funding streams to better student health, implement HIV/STD prevention programs, collect and report data on young people's risk behaviors, and expand capacity-building partnerships. In FY 2017, through the CDC's Division of Adolescent and School Health (DASH), 18 state education agencies and 17 school districts received funding to help the districts and schools strengthen student health through exemplary sexual health education (ESHE) that emphasizes HIV and other STD prevention, increases access to key sexual health services (SHS), and establishes safe and supportive environments (SSE) for students and staff. DASH funded six national, non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- In FY 2017, there were no DASH grantees in Iowa funded to strengthen student health through ESHE, SHS, and SSE (1308 Strategy 2).

In addition, DASH funds local education agencies and NGOs to implement multiple program activities to meet the HIV- and other STD-prevention needs of young men who have sex with men (YMSM) and to

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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 Iowa funded to deliver YMSM programming (1308 Strategy 4).

DASH also provides funding for state, territorial, and local education agencies and state health agencies to establish and strengthen systematic procedures to collect and report YRBS and School Health Profiles data for policy and program improvements.

- In FY 2017, there was one DASH grantee in Iowa funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): The Iowa Department of Education (\$79,997).

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 Iowa.

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

- In FY 2017, there was one TPPP Tier 1B grantee in Iowa: Planned Parenthood of the Heartland (\$965,988).

PLANNED PARENTHOOD OF THE HEARTLAND, \$965,988 (FY 2017)

Planned Parenthood of the Heartland serves the Mills, Page, Pottawattamie, and Woodbury counties in Iowa and Dakota and Douglas counties in Nebraska. With TPPP 1B funding, Planned Parenthood will implement [*Get Real*](#), [*Draw the Line/Respect the Line*](#), [*Safer Sex Intervention*](#), and [*Making Proud Choices!*](#) curricula. Planned Parenthood aims to “reduce unintended pregnancy rates among high risk, vulnerable, and underrepresented youth populations in Iowa and Nebraska.”³⁹ In addition to providing TPP programs, it establishes community involvement and preparedness through multiple partners, including Community Advisory Group and Youth Advisory Boards; creates a plan to direct referrals to youth-friendly health care services; is planning for sustainability of the program after federal funding ends; and is developing and implementing an evaluation plan for outcome and impact measures. The organization aims to serve 2,775 young people per year.⁴⁰

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 Iowa.

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

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

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

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

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 Iowa Department of Public Health received \$477,654 in federal PREP funds.⁴¹
- The agency provides sub-grants to seven local public and private entities. The sub-grantee information is listed below.⁴²

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Sub-grantee	Serving	Amount
American Home Finding Association	Wapello County	\$14,700
Bethany for Children & Families	Scott County	\$32,500
Cerro Gordo County Department of Public Health	Cerro Gordo County	\$35,000
Planned Parenthood of the Heartland	Polk, Pottawattamie, Mills, and Woodbury Counties	\$90,500
Women's Health Services of Eastern Iowa, Inc.	Clinton County	\$25,000
Henry County Extension & Outreach	Henry County	\$32,500
Marshalltown Community School District	Marshall County	\$50,000

The Iowa Department of Public Health administers the PREP state-grant program in both school- and community-based settings and targets young people ages 10–19 residing in areas of the state with the highest teen birth rates. Multiple strategies have been used to create awareness and support for PREP within the community and among participants, such as promotions through social media and newspaper advertisements, and at community and sporting events. For example, the Iowa Department of Public Health, in partnership with Iowa State University Extension and Outreach, launched a blog-style website for Iowa teens that focuses on a variety of health issues. The website, IAMincontrol.org (Iowa Adolescents Making Choices to Control Their Future) includes questions, answers, and resources on a variety of adolescent health topics.⁴³

Sub-grantees must incorporate the following three adulthood preparation subjects in their programming: adolescent development, healthy life skills, and healthy relationships. They are also required to replicate either [*Teen Outreach Program \(TOP\)*](#) and/or [*Wise Guys*](#). American Home Finding Association, Henry County Agricultural Extension, and Marshalltown Community School District use only [*Teen Outreach Program \(TOP\)*](#); Bethany for Children & Families and Women's Health Services of Eastern Iowa, Inc., use only [*Wise Guys*](#); and Cerro Gordo County Board of Health, and Planned Parenthood of the Heartland implement both curricula.⁴⁴

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 were no PREIS grantees in Iowa.

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 Iowa.

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, Iowa received PREP state-grant funding; therefore, entities in Iowa 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.⁴⁵

- In FY 2017, the Iowa Department of Public Health received \$469,089 in federal Title V AOUM funding.⁴⁶
- The agency provides sub-grants to nine local public and private entities. The sub-grantee information is listed below.⁴⁷
- In Iowa, the match is provided through in-kind funds from sub-grantees.

Sub-grantee	Serving	Amount
Youth and Shelter Services, Inc.	Boone and Story Counties	\$73,847
Planned Parenthood of the Heartland	Linn and Polk Counties	\$36,053
Trinity Muscatine Public Health	Muscatine County	\$48,045
New Opportunities	Greene County	\$19,772
Community Youth Concepts	Polk County	\$46,000
Community Youth Concepts (Replication Partner)	Polk County	\$72,955
Marshalltown Community School District	Marshall County	\$36,000
University of Iowa Public Policy Center	Not reported	\$10,000
Learfield	Not reported	\$40,000

The Iowa Department of Public Health manages the Title V AOUM in Iowa. The agency assists nine local public and private entities to provide both school- and community-based programming. The programming targets young people ages 10–19 in the following counties: Boone, Greene, Linn, Marshall, Muscatine, Polk, and Story. Sub-grantees are required to use the [Teen Outreach Program \(TOP\)](#) curriculum. For six weeks, there was a radio announcement “promoting the importance of parent-youth connection and communication.”⁴⁸

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“SEXUAL RISK AVOIDANCE EDUCATION” (SRAE) GRANT PROGRAM

Administered by FYSB within ACF of HHS, the SRAE program—a rebranding of the competitive AOUM grant program—provides funding for public and private entities for programs that “teach young people to voluntarily refrain from non-marital sexual activity and prevent other youth risk behaviors.” These programs are also required by statute to “teach the benefits associated with self-regulation; success sequencing for poverty prevention; healthy relationships; goal setting and resisting sexual coercion; dating violence; and other youth risk behaviors, such as underage drinking or illicit drug use, without normalizing teen sexual activity.” In FY 2017, \$15 million was appropriated for the SRAE grant program, and \$13.5 million was awarded to 27 grantees in 14 states through a competitive application process.

- In FY 2017, there were no SRAE grantees in Iowa.

POINTS OF CONTACT

DASH Contact

Ann Feilmann
Chief, Bureau of Nutrition & Health Services
Iowa Department of Education
Grimes State Office Building
400 E. 14th Street
Des Moines, IA 50319-0146
Phone: (515) 281-4757
Fax: (515) 242-5988
Email: Ann.Feilmann@iowa.gov

TPPP Contact

Daniel Hoffman-Zinnel
Planned Parenthood of the Heartland
Phone: (515) 235-0446
Email: Zinnel@ppheartland.org

PREP State-Grant Program Contact

Addie Rasmusson
Community Health Consultant
Bureau of Family Health
Iowa Department of Public Health
Lucas State Office Building
321 E. 12th Street
Des Moines, IA 50319
Phone: (515) 281-6071
Email: Addie.Rasmusson@idph.iowa.gov

Title V AOUM Program Contact

Mary Greene
 Community Health Consultant
 Bureau of Family Health
 Iowa Department of Public Health
 Lucas State Office Building
 321 E. 12th Street
 Des Moines, IA 50319
 Phone: (515) 725-0047
 Fax: (515) 725-1760
 Email: Mary.Greene@idph.iowa.gov

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

² Iowa Code § 256.11(3), <https://coolice.legis.iowa.gov/Cool-ICE/default.asp?category=billinfo&service=IowaCode&input=256.11>.

³ Iowa Code § 256.11(4), <https://coolice.legis.iowa.gov/Cool-ICE/default.asp?category=billinfo&service=IowaCode&input=256.11>.

⁴ Iowa Code § 256.11(5)(j), <https://coolice.legis.iowa.gov/Cool-ICE/default.asp?category=billinfo&service=IowaCode&input=256.11>.

⁵ Iowa Code § 279.50(9)(d)(2), www.legis.iowa.gov/DOCS/ACO/IC/LINC/Section.279.50.pdf.

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

⁹ Ibid., pg. 51.

¹⁰ Ibid., Table 9c.

¹¹ Ibid., Table 11c.

¹² Ibid., Table 9a.

¹³ Ibid., Table 11a.

¹⁴ Ibid., Table 9a.

¹⁵ Ibid., Table 11a.

¹⁶ Ibid., Table 9b.

¹⁷ Ibid., Table 11b.

¹⁸ Ibid., Table 9b.

¹⁹ Ibid., Table 11b.

²⁰ Ibid., Table 9c.

²¹ Ibid., Table 11c.

²² Ibid., Table 13.

²³ Ibid., Table 39.

²⁴ 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.

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.
- 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 “Planned Parenthood of the Heartland,” Grantees (IA) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/1b/planned-parenthood-of-the-heartland.html.
- ⁴⁰ Ibid.
- ⁴¹ “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.
- ⁴² Information provided by Addie Rasmusson, Community Health Consultant, Bureau of Family Health, Iowa Department of Public Health, June 22, 2017.
- ⁴³ Ibid.
- ⁴⁴ Ibid.
- ⁴⁵ 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.

⁴⁶ “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-aeep-awards.

⁴⁷ Information provided by Mary Greene, Community Health Consultant, Bureau of Family Health, Iowa Department of Public Health, June 15, 2017.

⁴⁸ Ibid.