

# State Profiles **FISCAL YEAR 2016**

## DISTRICT OF COLUMBIA

In Fiscal Year 2016,<sup>1</sup> the District of Columbia received:

- Division of Adolescent and School Health funds totaling \$400,000
- Personal Responsibility Education Program funds totaling \$250,000

In Fiscal Year 2016, local entities in the District of Columbia received:

- Division of Adolescent and School Health funds totaling \$619,911
- Teen Pregnancy Prevention Program funds totaling \$1,499,988
- Personal Responsibility Education Innovative Strategies funds totaling \$686,332

### SEXUALITY EDUCATION LAW AND POLICY

#### STATE LAW

[District of Columbia Municipal Regulations §§ 5-E2304](#) and [5-E2305](#) state that public schools must provide comprehensive school health education, including instruction on human sexuality and reproduction. The instruction must be age-appropriate and taught in grades pre-kindergarten (pre-K)–12.<sup>2</sup>

The superintendent of the District of Columbia public schools is charged with ensuring that sexuality education is taught in schools and that students achieve a minimum proficiency in this area.<sup>3</sup> Accordingly, the superintendent must provide systematic teacher training and staff development activities for health and physical education instructors.<sup>4</sup> A list of all textbooks for student and teacher training must be included in the list of textbooks submitted annually to the District Board of Education for its approval.<sup>5</sup>

Parents or guardians may submit a written request to the principal if they wish to remove their children from human sexuality and reproduction education classes. [This is referred to as an “opt-out” policy.](#)<sup>6</sup>

#### STATE STANDARDS

The District of Columbia provides [Health Education Standards](#) for pre-K through 12th grade. “Health Promotion and Disease Prevention” is one of the six learning “strands.” Sexuality and reproductive health is an included component of this strand. Sexually transmitted diseases (STDs), human immunodeficiency virus (HIV), unintended pregnancy, abstinence, and contraception are all discussed. Furthermore, students learn that “people, regardless of biological sex, gender, ability, sexual orientation, gender identity, and culture, have sexual feelings and the need for love, affection, and physical intimacy.”

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### STATE LEGISLATIVE ACTIVITY

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

### YOUTH SEXUAL HEALTH DATA

The following sexual health behavior and outcome data represent the most recent information available on adolescent sexual health in the District of Columbia. While data can be a powerful tool to demonstrate the sexuality education and sexual health care needs of young people, it is important to be mindful that these behaviors and outcomes are impacted by systemic inequities present in our society that can and often do affect an individual's sexual health and wellbeing. Additionally, there are significant limitations as to how and what data are currently collected. Young people are more than outcomes; for advocates, it is important to utilize the data in a manner that tracks our progress and pushes policies forward in a way that respects and supports the dignity of all young lives.

### DISTRICT OF COLUMBIA YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA<sup>7</sup>

#### Reported ever having had sexual intercourse

- In 2015, 32.7% of female high school students and 50.9% of male high school students in the District of Columbia 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, 49.2% of lesbian, gay, or bisexual (LGB) high school students, 20.7% of high school students who were unsure of their sexual orientation, and 40.6% of heterosexual high school students in the District of Columbia 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, 20.2% of Asian high school students, 44.9% of black high school students, 36.5% of Hispanic high school students, 15.5% of white high school students, and 42.2% of high school students who identified as multiple races in the District of Columbia reported ever having had sexual intercourse, compared to 19.3% of Asian high school students, 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, 3.5% of female high school students and 20.1% of male high school students in the District of Columbia 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.

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- In 2015, 9.1% of LGB high school students, 3.9% of high school students who were unsure of their sexual orientation, and 11.7% of heterosexual high school students in the District of Columbia 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, 6.3% of Asian high school students, 12.3% of black high school students, 9.6% of Hispanic high school students, 2% of white high school students, and 7.7% of high school students who identified as multiple races in the District of Columbia reported having had sexual intercourse before age 13, compared to 0.7% of Asian high school students, 8.3% of black high school students, 5% 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, 24.2% of female high school students and 33.1% of male high school students in the District of Columbia 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, 34.8% of LGB high school students, 14% of high school students who were unsure of their sexual orientation, and 27.8% of heterosexual high school students in the District of Columbia 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, 14.7% of Asian high school students, 30.9% of black high school students, 24.9% of Hispanic high school students, 12.4% of white high school students, and 26.2% of high school students who identified as multiple races in the District of Columbia reported being currently sexually active, compared to 12.2% of Asian high school students, 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, 42.5% of female high school students and 24.8% of male high school students in the District of Columbia 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, 49.1% of LGB high school students, 55.3% of high school students who were unsure of their sexual orientation, and 29.6% of heterosexual high school students in the District of Columbia reported not using a condom during their last sexual intercourse, compared to 52.5%

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of LGB high school students, 47.8% of high school students who were unsure of their sexual orientation, and 42.2% of heterosexual high school students nationwide.

- In 2015, 31.1% of black high school students, 42.7% of Hispanic high school students, and 39.3% of high school students who identified as multiple races in the District of Columbia reported not using a condom during their last sexual intercourse, compared to 36.3% of black high school students, 44.4% of Hispanic high school students, and 48.8% of high school students who identified as multiple races nationwide.

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

- In 2015, 24.7% of female high school students and 14.7% of male high school students in the District of Columbia 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, 33% of LGB high school students, 36.7% of high school students who were unsure of their sexual orientation, and 16.2% of heterosexual high school students in the District of Columbia reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 26.4% of LGB high school students, 19.4% of high school students who were unsure of their sexual orientation, and 12.4% of heterosexual high school students nationwide.
- In 2015, 19.6% of black high school students, 21.4% of Hispanic high school students, and 22% of high school students who identified as multiple races in the District of Columbia reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 15.9% of black high school students, 20% of Hispanic high school students, and 16.7% of high school students who identified as multiple races nationwide.

#### Reported never having been tested for HIV

- In 2015, 63% of female high school students and 62.3% of male high school students in the District of Columbia 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, 53.3% of LGB high school students, 72.8% of high school students who were unsure of their sexual orientation, and 63.8% of heterosexual high school students in the District of Columbia 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.

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- In 2015, 74.5% of Asian high school students, 59.7% of black high school students, 65.2% of Hispanic high school students, 85.5% of white high school students, and 63% of high school students who identified as multiple races in the District of Columbia reported never having been tested for HIV, compared to 90.4% of Asian high school students, 83.4% of black high school students, 88.9% of Hispanic high school students, 92% 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, 9.7% of female high school students and 6.3% of male high school students in the District of Columbia 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, 16.2% of LGB high school students, 11.2% of high school students who were unsure of their sexual orientation, and 6.6% of heterosexual high school students in the District of Columbia 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, 9.4% of American Indian/Alaska Native (AI/AN) high school students, 7.5% of Asian high school students, 8% of black high school students, 9.7% of Hispanic high school students, 3.8% of white high school students, and 9% of high school students who identified as multiple races in the District of Columbia reported having been physically forced to have sexual intercourse, compared to 6.6% of AI/AN high school students, 4.2% of Asian high school students, 7.3% of black high school students, 7% of Hispanic high school students, 6% 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, 11.8% of female high school students and 8.4% of male high school students in the District of Columbia 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, 19.3% of LGB high school students, 16.9% of high school students who were unsure of their sexual orientation, and 8.1% of heterosexual high school students in the District of Columbia 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.

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- In 2015, 11.3% of Asian high school students, 9.9% of black high school students, 10.5% of Hispanic high school students, 5.7% of white high school students, and 12.8% of high school students who identified as multiple races in the District of Columbia reported experiencing physical dating violence in the prior year, compared to 4.6% of Asian high school students, 10.5% of black high school students, 9.7% of Hispanic high school students, 9% of white high school students, and 16% of high school students who identified as multiple races nationwide.

### Reported experiencing sexual dating violence

- In 2015, 8.3% of female high school students and 6.5% of male high school students in the District of Columbia 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, 12.8% of LGB high school students, 16.7% of high school students who were unsure of their sexual orientation, and 6.1% of heterosexual high school students in the District of Columbia 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, 11.2% of Asian high school students, 6.6% of black high school students, 9.9% of Hispanic high school students, 7.3% of white high school students, and 8.4% of high school students who identified as multiple races in the District of Columbia reported experiencing sexual dating violence in the prior year, compared to 10.5% of Asian high school students, 10% of black high school students, 10.6% of Hispanic high school students, 10.1% of white high school students, and 14.2% of high school students who identified as multiple races nationwide.

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

## **DISTRICT OF COLUMBIA TEEN PREGNANCY, HIV/AIDS, AND OTHER STD DATA**

### **Teen Pregnancy, Birth, and Abortion**

- In 2011, the District of Columbia had a teen pregnancy rate of 79 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 52 per 1,000.<sup>8</sup> There were a total of 1,630 pregnancies among young women ages 15–19 reported in the District of Columbia in 2011.<sup>9</sup>
- In 2015, the District of Columbia had a teen birth rate of 25.6 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.<sup>10</sup> There were a total of 565 live births to young women ages 15–19 reported in the District of Columbia in 2014, the most recent year of available data.<sup>11</sup>

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- In 2011, the District of Columbia had a teen abortion rate of 25 abortions per 1,000 young women ages 15–19, compared to the national rate of 14 per 1,000.<sup>12</sup> There were a total of 530 abortions among young women ages 15–19 reported in the District of Columbia in 2011.<sup>13</sup>

### HIV and AIDS

- In 2015, the rate of diagnoses of HIV infection among adolescents ages 13–19 in the District of Columbia was 38 per 100,000, compared to the national rate of 5.8 per 100,000.<sup>14</sup>
- In 2015, the rate of AIDS diagnoses among adolescents ages 13–19 in the District of Columbia was 8.4 per 100,000, compared to the national rate of 0.7 per 100,000.<sup>15</sup>
- In 2015, the rate of diagnoses of HIV infection among young adults ages 20–24 in the District of Columbia was 93.3 per 100,000, compared to the national rate of 31.1 per 100,000.<sup>16</sup>
- In 2015, the rate of AIDS diagnoses among young adults ages 20–24 in the District of Columbia was 18.3 per 100,000, compared to the national rate of 5.6 per 100,000.<sup>17</sup>

### STDs

- In 2015, the District of Columbia had the highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 5,219.6 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 1,962 cases of chlamydia among young people ages 15–19 reported in the District of Columbia.<sup>18</sup>
- In 2015, the District of Columbia had the highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 1,197.2 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 450 cases of gonorrhea among young people ages 15–19 reported in the District of Columbia.<sup>19</sup>
- In 2015, the District of Columbia had the 2nd 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 13.3 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 5 cases of syphilis reported among young people ages 15–19 in the District of Columbia.<sup>20</sup>

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

## FEDERAL FUNDING FOR SEXUALITY EDUCATION, UNINTENDED TEEN PREGNANCY, HIV AND OTHER STD PREVENTION, AND ABSTINENCE-ONLY-UNTIL-MARRIAGE PROGRAMS



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**FISCAL YEAR 2016 FEDERAL FUNDING IN THE DISTRICT OF COLUMBIA**

<b>Grantee</b>	<b>Award</b>
<b>Division of Adolescent and School Health (DASH)</b>	
Advocates for Youth	\$299,911
District of Columbia Office of the Superintendent of Education	\$400,000
District of Columbia Public Schools	\$320,000
<b>TOTAL</b>	<b>\$1,019,911</b>
<b>Teen Pregnancy Prevention Program (TPPP)</b>	
TPPP Tier 2A	
The National Campaign to Prevent Teen and Unplanned Pregnancy	\$1,499,988
<b>TOTAL</b>	<b>\$1,499,988</b>
<b>Personal Responsibility Education Program (PREP)</b>	
PREP State-Grant Program	
Office of the State Superintendent of Education (federal grant)	\$250,000
<b>TOTAL</b>	<b>\$250,000</b>
Personal Responsibility Education Innovative Strategies (PREIS)	
The Urban Institute	\$686,332
<b>TOTAL</b>	<b>\$686,332</b>
<b>GRAND TOTAL</b>	
	<b>\$3,456,231</b>

**DIVISION OF ADOLESCENT AND SCHOOL HEALTH**

The Division of Adolescent and School Health (DASH), within the CDC, provides funding to state and local education agencies through several funding streams to better student health, implement HIV/STD prevention programs, collect and report data on young people's risk behaviors, and expand capacity-building partnerships.

In FY 2016, DASH provided funding to 18 state and 17 local education agencies to help districts and schools strengthen student health through exemplary sexual health education (ESHE) that emphasizes HIV and other STD prevention, increases access to key sexual health services (SHS), and establishes safe and supportive environments (SSE) for students and staff. DASH funded seven national, non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- In FY 2016, there were two DASH grantees in the District of Columbia funded to strengthen student health through ESHE, SHS, and SSE (1308 Strategy 2): The District of Columbia Office of the Superintendent of Education (\$320,000) and District of Columbia Public Schools (\$320,000).



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### DISTRICT OF COLUMBIA OFFICE OF THE SUPERINTENDENT OF EDUCATION, \$320,000 (FY 2016)

With its 1308 Strategy 2 funds, the District of Columbia Office of the Superintendent of Education is developing an on-demand webinar for school staff and community members on sexual health education to improve awareness of district programs and help garner support from the community. To help link students to youth-friendly community health service providers, the office facilitates district-wide trainings on the referral system and the [Healthy Youth Resource Guide](#). To help students needing school-based support address their health, psychological, and social needs, the office provides school staff with a D.C.-branded lesbian, gay, bisexual, transgender, and questioning (LGBTQ) ally badge to identify trusted adults who have been trained and who have access to local youth resources.<sup>21</sup>

### DISTRICT OF COLUMBIA PUBLIC SCHOOLS, \$320,000 (FY 2016)

With its 1308 Strategy 2 funds, the District of Columbia Public Schools hosts parent sexual health education workshops throughout the District to increase parent support and engagement. In order to help students readily access services that decrease the likelihood of infection with HIV or other STDs, the school district collaborates with the state education agency to develop, market, and distribute the [Healthy Youth Resource Guide](#) for schools, community-based organizations, and clinical providers. To support a safe and supportive school environment, the school district works with a national organization to disseminate the District's new policy on transgender/gender non-conforming students to District administrators, school leaders, school liaisons, and other support staff. The District also provides training on bullying prevention strategies.<sup>22</sup>

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

- In FY 2016, there was one DASH grantee in the District of Columbia funded to deliver YMSM programming (1308 Strategy 4) in multiple cities: Advocates for Youth (\$299,911).

### ADVOCATES FOR YOUTH, \$299,911 (FY 2016)

Using jurisdictional data, Advocates for Youth will develop strategic collaborations to help local education agencies implement multiple program activities to meet the HIV/STD prevention needs of YMSM with its 1308 Strategy 4 funds.<sup>23</sup>

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

- In FY 2016, there was one DASH grantee in the District of Columbia funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): The District of Columbia Office of the Superintendent of Education (\$80,000).

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### **TEEN PREGNANCY PREVENTION PROGRAM**

The Office of Adolescent Health (OAH), within the U.S. Department of Health and Human Services (HHS), administers the Teen Pregnancy Prevention Program (TPPP), which funds evidence-based (or innovative evidence-informed), medically accurate, and age-appropriate programs to reduce teen pregnancy. OAH provides program support, implementation evaluation, and technical assistance to grantees. In FY 2016, total funding for TPPP was \$101 million, with an additional \$6.8 million authorized for evaluation purposes, supporting a total of 84 states, cities, non-profit organizations, school districts, universities, community-based organizations, and tribal organizations that were in year two of five TPPP funding tiers' five-year cooperative agreements in 33 states and territories, including the District of Columbia and the Marshall Islands. OAH provides program support, implementation evaluation, and technical assistance to grantees and receives an additional \$6.8 million in funding for evaluation purposes. There are five TPPP funding tiers:

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

- In FY 2016, there were no TPPP Tier 1A grantees in the District of Columbia.

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

- In FY 2016, there were no TPPP Tier 1B grantees in the District of Columbia.

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

- In FY 2016, there was one TPPP Tier 2A grantee in the District of Columbia: The National Campaign to End Teen Pregnancy (\$1,499,988).

THE NATIONAL CAMPAIGN TO PREVENT TEEN AND UNPLANNED PREGNANCY, \$1,499,988 (FY 2016)

The National Campaign to Prevent Teen and Unplanned Pregnancy is a nonprofit organization whose mission is to “improve the lives and future prospects of children and families and, in particular, to help ensure that children are born into stable, two-parent families who are committed to and ready for the demanding task of raising the next generation.”<sup>24</sup> The Campaign will use TPPP Tier 2A funds to support new, technology-based interventions through its Design Thinking strategy. Design Thinking aims to reduce teen pregnancy and improve adolescent health nationwide. The Campaign will evaluate up to 10 technology-based interventions by the end of the five-year project.<sup>25</sup>

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

- In FY 2016, there were no TPPP Tier 2B grantees in the District of Columbia.

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

- In FY 2016, there were no TPPP Tier 2C grantees in the District of Columbia.

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### PERSONAL RESPONSIBILITY EDUCATION PROGRAM

The Family and Youth Services Bureau (FYSB), within the Administration for Children and Families (ACF) division of HHS, administers the Personal Responsibility Education Program (PREP), which includes \$75 million for the state-grant program; local entities through the competitively awarded Personal Responsibility Education Innovative Strategies (PREIS) program; and the Tribal PREP, which funds tribes and tribal organizations. In addition, provisions within the PREP statute enable a competitive application process for community- and faith-based organizations within states and territories that do not directly seek PREP state grants to apply for funding. Details on the state grants, PREIS, Tribal PREP, and CPREP are included below.

#### PREP State-Grant Program

State-grant PREP supports evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other STDs. In FY 2016, 43 states, the District of Columbia, the Federated States of Micronesia, Guam, Puerto Rico, and the Virgin Islands received PREP state-grant funds. The grant does not require states to provide matching funds. Funded programs must discuss abstinence and contraception and place substantial emphasis on both. Programs must also address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- In FY 2016, the Office of the State Superintendent of Education received \$250,000 in federal PREP funds.<sup>26</sup>
- There were four sub-grantees for the District of Columbia PREP state-grant program: Athletes United for Social Justice, Inc. (\$25,000); Children's National Medical Center (\$25,000); the Latin American Youth Center (\$25,000); and Planned Parenthood of Metropolitan Washington (\$25,000).<sup>27</sup>

The Office of the State Superintendent of Education (OSSE) serves as the state-education agency for the District of Columbia. OSSE implements the District's PREP grant program, DC-PREP, and awards \$25,000 sub-grants to four different community-based organizations that implement programs in both school- and community-based settings. The programs serve adolescents ages 11-19 who reside in the District of Columbia. Specific focus is placed on Wards 1, 4, 5, 7, and 8, and populations that are at high risk or vulnerable to pregnancies, with a specific focus on African American, Latino, and LGBTQ young people, as well as low-income, male, and pregnant or parenting teens. The curricula used by the sub-grantees must align with OSSE Health Education Standards and include *STEPS to STARDOM—The Teen Life Clubs (TLC)*, *The Grassroots Project*, *SiHLE (Sisters Informing, Healing, Living and Empowering)*, and *Sexual Wellness and Advocacy by Teens (SWAT)*. Out of the six adulthood preparation topics, all sub-grantees address healthy relationships and adult development. In addition, Athletes United for Social Justice, Inc., addresses parent-child communication, healthy life skills, and education and career skills; Children's National Medical Center addresses parent-child communication and healthy life skills; and Latin American Youth Center and Planned Parenthood of Metropolitan Washington addresses healthy life skills.<sup>28</sup>

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### Personal Responsibility Education Innovative Strategies (PREIS)

PREIS supports research and demonstration programs to develop, replicate, refine, and test innovative models for preventing unintended teen pregnancy.

- In FY 2016, there was one PREIS grantee in the District of Columbia: The Urban Institute (\$686,332).<sup>29</sup>

THE URBAN INSTITUTE, \$686,332 (FY 2016)

The Urban Institute conducts research to understand and solve real-world challenges in a rapidly urbanizing environment.<sup>30</sup> The Urban Institute will use *Sisters Rising*, *Parents Matter*, and *Brothers Rising* to serve young people ages 13-19 and their adult caregivers in four public housing communities in Washington, D.C., and will address healthy relationships, adolescent development, and parent-child communication. With its PREIS funds, the Urban Institute will serve around 240 young people annually.<sup>31</sup> At the time of publication, more information on the Urban Institute's use of PREIS funds was unknown.

### Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of teen pregnancy prevention programs within tribes and tribal communities. Tribal PREP programs target young people ages 10–19 who are in or are aging out of foster care, young people experiencing homelessness, young people living with HIV/AIDS, young people who live in areas with high rates of adolescent births, and young people under age 21 who are pregnant and/or parenting. In FY 2016, eight tribes and tribal organizations from seven states received a total of \$3,436,621.

- In FY 2016, there were no Tribal PREP grantees in the District of Columbia.

### Competitive Personal Responsibility Education Program (CPREP)

CPREP grants support evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other STDs. Only organizations and institutions in states and territories that did not apply for PREP state grants in either of the first two fiscal years after the call for PREP state-grant applications were eligible to submit competitive applications for CPREP grants. In FY 2016, 21 CPREP grants, totaling \$10.3 million, were awarded to 21 organizations in Florida, Indiana, North Dakota, Texas, and Virginia, as well as in American Samoa, Guam, and the Northern Mariana Islands.

- In FY 2016, the District of Columbia received PREP state-grant funding; therefore, entities in the District of Columbia were not eligible for CPREP.

## **TITLE V STATE ABSTINENCE EDUCATION GRANT PROGRAM**

The Title V state abstinence education grant program for abstinence-only-until-marriage (AOUM) programming, or the Title V AOUM program, is administered by FYSB, within ACF of HHS, and was funded at \$75 million in FY 2016. The Title V AOUM program requires states to provide three state-raised dollars, or the equivalent in services, for every four federal dollars received. The state match may be provided in part or in full by local groups. All programs funded by Title V AOUM must exclusively promote abstinence from sexual activity and may provide mentoring, counseling, and adult supervision toward this

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end. Programs must be medically accurate and age-appropriate and must encourage abstinence as an expected outcome.

- In FY 2016, The District of Columbia chose not to apply for Title V AOUM funds.

### **“SEXUAL RISK AVOIDANCE EDUCATION” GRANT PROGRAM**

Administered by FYSB within ACF of HHS, the “sexual risk avoidance education” (SRAE), i.e., the AOUM grant program, provides competitive funding for programs that “teach young people to voluntarily refrain from non-marital sexual activity and prevent other youth risk behaviors.” These programs are also required by statute to “teach the benefits associated with self-regulation, success sequencing for poverty prevention, healthy relationships, goal setting, and resisting sexual coercion, dating violence, and other youth risk behaviors such as underage drinking or illicit drug use without normalizing teen sexual activity.” In FY 2016, \$10 million was appropriated for the SRAE grant program, and \$8.98 million was awarded to 21 grantees in 12 states through a competitive application process.

- In FY 2016, there were no SRAE grantees in the District of Columbia.

## **POINTS OF CONTACT**

### **DASH Contacts**

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<sup>1</sup> This refers to the federal government's fiscal year, which begins on October 1 and ends on September 30. The fiscal year is designated by the calendar year in which it ends; for example, FY 2016 began on October 1, 2015, and ended on September 30, 2016.

<sup>2</sup> Wash. DC Mun. Regs. §§ 5-E2304.1 and 5-E2305.2, [www.dcregs.dc.gov](http://www.dcregs.dc.gov).

<sup>3</sup> Wash. DC Mun. Regs. § 5-E2304.3.

<sup>4</sup> Wash. DC Mun. Regs. § 5-E2304.4.

<sup>5</sup> Wash. DC Mun. Regs. § 5-E2305.3.

<sup>6</sup> Wash. DC Mun. Regs. § 5-E2305.5.

<sup>7</sup> "High School YRBS," Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.

<sup>8</sup> Kost, K., and Maddow-Zimet, I., *U.S. Teenage Pregnancies, Births, and Abortions, 2011: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), [www.guttmacher.org/sites/default/files/report\\_pdf/us-teen-pregnancy-state-trends-2011\\_4.pdf](http://www.guttmacher.org/sites/default/files/report_pdf/us-teen-pregnancy-state-trends-2011_4.pdf), Table 1.1.

<sup>9</sup> Ibid., Table 1.2.

<sup>10</sup> "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>.



- <sup>11</sup> “Teen Births in Washington, DC, Girls 15-19,” The National Campaign to Prevent Teen and Unplanned Pregnancy, <https://thenationalcampaign.org/data/state/washington-dc>.
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- <sup>13</sup> Ibid., Table 1.2.
- <sup>14</sup> 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](http://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf).
- <sup>15</sup> 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](http://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf).
- <sup>16</sup> 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](http://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf).
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