



ARKANSAS

In Fiscal Year 2013,¹ the state of Arkansas received:

- **Division of Adolescent and School Health funds totaling \$284,999**
- **Personal Responsibility Education Program funds totaling \$454,681**
- **Title V State Abstinence Education Program funds totaling \$549,574**

In Fiscal Year 2013, local entities in Arkansas received:

- **Competitive Abstinence Education Grant Program funds totaling \$1,001,465**

SEXUALITY EDUCATION LAW AND POLICY

Arkansas law does not require schools to teach sexuality education or sexually transmitted disease (STD)/HIV education. If a school offers sexuality or STD/HIV education, it must stress abstinence, as “it is the policy of the State of Arkansas to discourage . . . sexual activity by students.”² Furthermore, every public school sex education and HIV/AIDS-prevention education program must “emphasize premarital abstinence as the only sure means of avoiding pregnancy and the sexual contraction of acquired immune deficiency syndrome and other sexually transmitted diseases.”³

In order to be accredited by the Arkansas Board of Education, education standards require public schools to offer health and safety education, and students are required to complete 0.5 units of health and safety in order to graduate high school. Arkansas maintains curriculum standards for physical and health education addressing STDs and HIV beginning in grade 5. The standards stress the importance of abstinence as well as the possible physical, emotional, and social consequences of sexual activity. Specific course content is left to the discretion of the local school districts.

Local school boards are empowered to establish school-based health clinics, which may provide sexuality education. Such education must include instruction on abstinence.⁴ School-based health clinics may also prescribe and distribute contraceptives with written parental consent; however, no state funds may be used to purchase condoms or contraceptives.⁵ Whether or not a school-based health clinic teaches sexuality education or distributes contraceptives is left to the discretion of the school board. Clinics must not provide abortion referrals.⁶

Arkansas does not require parental permission for students to participate in sexuality or HIV/AIDS education nor does it say whether parents or guardians may remove their children from such classes.

See [Arkansas Code § 6-18-703](#), [Arkansas Department of Education Rules Governing Standards for Accreditation of Arkansas Public Schools and School Districts](#), the [K–8 Physical Education and Health Curriculum Framework](#), and the [Health and Wellness Curriculum Framework](#) for grades 9–12.

2013 STATE LEGISLATIVE SESSION ACTIVITY

Bill to Deny Funding to Organizations that Provide Abortions

Introduced March 2013, Arkansas' SB 818 would have cut off state funding to any organization that provides abortions or refers patients to abortion providers. While not explicitly targeting Planned Parenthood, the bill's implementation would have eliminated HIV- and other STD-prevention programs delivered by Planned Parenthood in Arkansas public high schools. On May 17, 2013, SB 818 failed by a 17–9 vote.

YOUTH SEXUAL HEALTH DATA

SIECUS has compiled the following data to provide an overview of adolescent sexual health in Arkansas. The data collected represents the most current information available.

Arkansas Youth Risk Behavior Survey (YRBS) Data⁷

- In 2013, 49.3% of female high school students and 49.4% of male high school students in Arkansas reported ever having had sexual intercourse, compared to 46% of female high school students and 47.5% of male high school students nationwide.
- In 2013, 5.2% of female high school students and 11.5% of male high school students in Arkansas reported having had sexual intercourse before age 13, compared to 3.1% of female high school students and 8.3% of male high school students nationwide.
- In 2013, 39.5% of female high school students and 33.7% of male high school students in Arkansas reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey), compared to 35.2% of female high school students and 32.7% of male high school students nationwide.
- In 2013, 14.8% of female high school students and 11.6% of male high school students in Arkansas who dated or went out with someone during the 12 months before the survey reported experiencing physical dating violence one or more times during that time period (defined as being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with), compared to 13% of female high school students and 7.4% of male high school students nationwide.

Visit the Centers for Disease Control and Prevention's [Youth Online database](#) for additional information on sexual behaviors.

Arkansas Teen Pregnancy, HIV/AIDS, and Other STD Data

Teen Pregnancy, Birth, and Abortion

- In 2010, Arkansas's teen pregnancy rate ranked fourth in the United States, with a rate of 73 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 57 per 1,000.⁸ In 2010, there were a total of 7,220 pregnancies among young women ages 15–19 reported in Arkansas.⁹
- In 2012, Arkansas' teen birth rate ranked fourth in the United States, with a rate of 45.7 births per 1,000 young women ages 15–19, compared to the national rate of 29.4 per 1,000.¹⁰ In 2012, there were a total of 4,349 live births to young women ages 15–19 reported in Arkansas.¹¹

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- In 2010, Arkansas's teen abortion rate ranked 36th in the United States, with a rate of nine abortions per 1,000 young women ages 15–19, compared to the national rate of 15 per 1,000.¹² There were a total of 860 abortions among young women ages 15–19 reported in Arkansas in 2010.¹³

HIV and AIDS

- In 2011, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Arkansas was 4.2 per 100,000, compared to the national rate of 7.6 per 100,000.¹⁴
- In 2011, the rate of AIDS diagnoses among adolescents ages 13–19 in Arkansas was 0.4 per 100,000, compared to the national rate of 1.9 per 100,000.¹⁵
- In 2011, the rate of diagnoses of HIV infection among young adults ages 20–24 in Arkansas was 28 per 100,000, compared to the national rate of 36.3 per 100,000.¹⁶
- In 2011, the rate of AIDS diagnoses among young adults ages 20–24 in Arkansas was 6.9 per 100,000, compared to the national rate of 10.9 per 100,000.¹⁷

Sexually Transmitted Diseases

- In 2012, Arkansas ranked fourth in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 3,036.1 cases per 100,000, compared to the national rate of 2,001.7 per 100,000. In 2011, there were a total of 5,965 cases of chlamydia reported among young people ages 15–19 in Arkansas.¹⁸
- In 2012, Arkansas ranked fifth in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 655.6 cases per 100,000, compared to the national rate of 376.8 per 100,000. In 2012, there were a total of 1,288 cases of gonorrhea reported among young people ages 15–19 in Arkansas.¹⁹
- In 2012, Arkansas ranked fourth in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 8.7 cases per 100,000, compared to the national rate of 4.1 per 100,000. In 2012, there were a total of 17 cases of syphilis reported among young people ages 15–19 in Arkansas.²⁰

FEDERAL FUNDING FOR SEX EDUCATION, TEEN PREGNANCY PREVENTION, AND ABSTINENCE-ONLY-UNTIL-MARRIAGE PROGRAMS

President's Teen Pregnancy Prevention Initiative

The President's Teen Pregnancy Prevention Initiative (TPPI) funds medically accurate and age-appropriate programs to reduce teen pregnancy. The U.S. Department of Health and Human Services, Office of Adolescent Health (OAH) administers the grant program, which totaled \$105 million in discretionary funding for FY 2013. TPPI consists of two funding tiers that provide grants to local public and private entities. Tier 1 totals \$75 million and provides funding for the replication of evidence-based programs proven to prevent unintended teen pregnancy and address underlying behavioral risk factors. Tier 2 totals \$25 million and provides funding to develop and test additional models and innovative strategies.

A portion of the Tier 2 funds, \$15.2 million, was allocated for research and demonstration grants to test innovative approaches, while the remaining funding, \$9.8 million, was allocated for grants to support communitywide initiatives. OAH utilizes the remaining appropriated funds to provide program support, implementation evaluation, and technical assistance to grantees. TPPI also dedicates \$8.5 million in funding to conduct evaluations of individual programs.

TPPI Tier 1: Evidence-Based Programs

The TPPI Tier 1 grant program supports the replication of evidence-based programs proven effective through rigorous evaluation to prevent unintended teen pregnancy and minimize underlying behavioral risk factors or other associated risk factors.

- There are no TPPI Tier 1 grantees in Arkansas.

TPPI Tier 2: Innovative Approaches

The TPPI Tier 2 grant program supports research and demonstration programs in order to develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy.

- There are no TPPI Tier 2 Innovative Approaches grantees in Arkansas.

TPPI Tier 2: Communitywide Initiatives

The TPPI Tier 2 grant program also supports communitywide initiatives to reduce rates of teenage pregnancy and births in communities with the highest rates. The program awards grants to national organizations as well as state- and community-based organizations. Funded national partners provide training and technical assistance to local grantees. The Centers for Disease Control and Prevention (CDC) administer the grant program in partnership with OAH.

- There are no TPPI Tier 2 Communitywide Initiatives grantees in Arkansas.

Division of Adolescent and School Health

The Division of Adolescent and School Health (DASH), within the Centers for Disease Control and Prevention (CDC), provides funding to 17 state and 19 local education agencies to help districts and schools strengthen student health through exemplary sexual health education (ESHE) that emphasizes HIV and other STD prevention, increased access to key sexual health services (SHS), and the establishment of safe and supportive environments (SSE) for students and staff. In addition, DASH funds nine national non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- There was one DASH grantee in Arkansas funded to strengthen student health through ESHE, SHS, and SSE in FY 2013, the Arkansas Department of Education (\$224,999).

DASH also funds three local education agencies and one NGO 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.

- There were no DASH grantees in Arkansas funded to deliver YMSM programming in FY 2013.

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

- There was one DASH grantee in Arkansas funded to collect and report YRBS and School Health Profiles data for FY 2013, the Arkansas Department of Education (\$60,000).

Pregnancy Assistance Fund

The Pregnancy Assistance Fund (PAF), administered by OAH, provides expecting and parenting teens, women, fathers, and their families with a network of support services. Established in FY 2010 through a 10-year authorization (FY 2010–FY 2019) in the Affordable Care Act (ACA), PAF is a \$25 million competitive grant program for state and tribal entities. PAF grants support programs that include at least one of the following four components: 1) support for expectant and parenting student services at institutions of higher education; 2) support for expectant and parenting teens, women, fathers, and their families at high schools and community centers; 3) improved services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking; and 4) increased public awareness and education services for expectant and parenting teens, women, fathers, and their families. Now in the second round of awards, PAF supports 17 entities in 14 states and three tribal entities, most of which focus their efforts on serving teen parents.

- There are no PAF grantees in Arkansas.

Personal Responsibility Education Program

The Personal Responsibility Education Program (PREP) totals \$75 million per year for FYs 2010–2014 and is the first-ever dedicated funding stream for more comprehensive approaches to sexuality education. The U.S. Department of Health and Human Services, Administration for Children and Families (ACF) administers the grant. PREP includes a \$55 million state grant program, \$10 million to fund local entities through the Personal Responsibility Education Innovative Strategies (PREIS) program, \$3.1 million for Tribal PREP, for tribes and tribal organizations, with remaining funds for evaluation, training, and technical assistance. In addition, provisions within the statute for PREP enable a competitive application process for community- and faith-based organizations within states and territories that do not directly seek PREP funding by the third year of the program; these competitive PREP (CPREP) grants were awarded to organizations in five states and three territories in FY 2013. Details on the state grant program, PREIS, Tribal PREP, and CPREP are included below.

PREP State-Grant Program

The PREP state-grant program supports evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other STDs. The grant program totals \$55 million per year and allocates funding to individual states. 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.

- The Arkansas Department of Health received \$454,681 in federal PREP funds for FY 2013.
- The department provides a sub-grant to the Centers for Youth and Families (\$327,077).²¹

The Arkansas Department of Health administers the state PREP grant in collaboration with the Centers for Youth and Families through community-based programming. The sub-grantee targets youth ages 11–19 in the foster care and juvenile justice system in Garland, Lonoke, Jefferson, and Saline counties. The funded program uses the *Be Proud! Be Responsible!* and *Making Proud Choices!* curricula and addresses the following adulthood preparation subjects: health life skills, financial literacy, and career success.²²

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. The ACF administers the grant program in collaboration with OAH and provides a total of \$10 million in funding directly to local public and private entities.

- There are no PREIS grantees in Arkansas.

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of comprehensive 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, homeless youth, youth with HIV/AIDS, pregnant and/or parenting youth who are under 21 years of age, and youth who live in areas with high adolescent birth rates. Programs must 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 2013, 16 tribes and tribal organizations from nine states received a total of \$3.1 million.
- There are no Tribal PREP grantees in Arkansas.

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. Organizations and institutions in states and territories that did not apply for PREP formula grants in either of the past two fiscal years were eligible to submit competitive applications for CPREP grants. Thirty-seven grants, totaling \$18.6 million, were awarded in FY 2013 to organizations in American Samoa, the Commonwealth of Northern Mariana Islands, Florida, Guam, Indiana, North Dakota, Texas, and Virginia.

- There are no CPREP grantees in Arkansas.

Title V State Abstinence Education Grant Program

The Title V abstinence-only-until-marriage (Title V AOUM) program, administered by the ACF, allocates \$50 million per year to states for FYs 2010–2014. 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 promote abstinence from sexual activity as their exclusive purpose and may provide mentoring, counseling, and adult supervision toward this end. Programs must be medically accurate and age-appropriate and must ensure abstinence is an expected outcome.

- The Arkansas Department of Health received \$549,574 in federal Title V AOUM funding for FY 2013.
- The department chose to sub-grant \$550,000 to Healthy Connections, Inc.²³
- In Arkansas, the sub-grantee provides the match.

The Arkansas Department of Health administers the state’s Title V AOUM grant with direct activities administered by their sub-grantee, Healthy Connections, Inc., located in Mena. Healthy Connections, Inc., has sub-contracts throughout 11 counties in the state to provide both school- and community-based programming. Young people ages 12–19 receive programming using the following approved curricula: *Choosing the Best* (primary) and *Worth the Wait* (ancillary).²⁴

Competitive Abstinence Education Grant Program

Administered by the ACF, the Competitive Abstinence Education (CAE) grant program provides grants for “abstinence education” as defined by the A–H statute in Title V of the Social Security Act, as well as for mentoring, counseling, and adult supervision aimed at promoting abstinence outside of marriage. As currently implemented by ACF, the programs must also be medically accurate. In FY 2013, \$4.3 million was granted through a competitive application process to 10 grantees across nine states, in addition to the nine grantees implementing the second year of their CAE awards in some overlapping and additional states, for a total of 19 CAE grantees in 14 states.

- There are two CAE grantees in Arkansas in FY 2013: Cabot Crisis Pregnancy Center (\$352,125) and People Nurturing People/Choosing to Excel (\$649,340). At the time of publication, more information on these grantees was not available.

AR K A N S A S

Arkansas TPPI, DASH, PAF, PREP, Title V AOUM, and CAE Funding in FY 2013

Grantee	Award	Fiscal Years
Division of Adolescent and School Health (DASH)		
Arkansas Department of Education	\$284,999	2013–2017
TOTAL	\$284,999	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Arkansas Department of Health (federal grant)	\$454,681	2013
TOTAL	\$454,681	
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)		
Arkansas Department of Health (federal grant)	\$549,574	2013
TOTAL	\$549,574	
Competitive Abstinence Education Grant (CAE)		
People Nurturing People/Choosing to Excel	\$649,340	2013
Cabot Crisis Pregnancy Center	\$352,125	2013
TOTAL	\$1,001,465	
GRAND TOTAL		
	\$2,290,719	2013

POINTS OF CONTACT

Adolescent Health Contact²⁵ and Title V Grant Coordinator

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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 2013 began on October 1, 2012, and ended on September 30, 2013.

² Ark. Code § 6-18-703(d), <http://law.justia.com/codes/arkansas/2010/title-6/subtitle-2/chapter-18/subchapter-7/6-18-703>.

³ Ibid.

⁴ Ark. Code § 6-18-703(a)(3).

⁵ Ark. Code § 6-18-703(c)(1).

⁶ Ark. Code § 6-18-703(a)(3).

⁷ Kann, Laura, et al., “Youth Risk Behavior Surveillance—United States, 2013,” *Surveillance Summaries, Morbidity and Mortality Weekly Report*, Vol. 63, No. 4 (June 13, 2014): accessed July 17, 2014, <http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf>.

⁸ Kost, K., and S. Henshaw, *U.S. Teenage Pregnancies, Births, and Abortions, 2010: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), accessed July 8, 2014, <http://www.guttmacher.org/pubs/USTPtrends10.pdf>, Table 3.1.

⁹ Ibid., Table 3.2.

¹⁰ Martin, J.A., et al., *Births: Final Data for 2012*. National Vital Statistics Reports, Vol. 62, No. 9 (December 30, 2013), accessed July 30, 2014, http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf, Table 12.

¹¹ Centers for Disease Control and Prevention, VitalStats Interactive Data Tables, Hyattsville, MD: National Center for Health Statistics, <http://www.cdc.gov/nchs/vitalstats.htm>.

¹² Kost, K., and S. Henshaw, *U.S. Teenage Pregnancies, Births, and Abortions, 2010: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), accessed July 8, 2014, <http://www.guttmacher.org/pubs/USTPtrends10.pdf>, Table 3.1.

¹³ Ibid., Table 3.2.

¹⁴ Slide 9: “Rates of Diagnosis of HIV Infection among Adolescents Aged 13–19 Years, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

¹⁵ Slide 18: “Rates of Stage 3 (AIDS) Classifications among Adolescents Aged 13–19 Years with HIV Infection, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

¹⁶ Slide 10: “Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

¹⁷ Slide 19: “Rates of Stage 3 (AIDS) Classifications among Adolescents Aged 20–24 Years with HIV Infection, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

¹⁸ NCHHSTP Atlas, “STD Surveillance Data” (Atlanta, GA: Centers for Disease Control and Prevention), accessed June 10, 2013, <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.

¹⁹ Ibid.

²⁰ Ibid.

²¹ Funding was for Arkansas State Fiscal Year 2013—September 1, 2012 to June 30, 2013. Information provided by Sharon Ashcraft, women’s health section chief, Arkansas Department of Health, June 13, 2014.

²² Ibid.

²³ Information provided by Hattie M. Scribner, principal investigator/grant coordinator, Center for Health Advancement Family Health Branch, Arkansas Department of Health, June 2, 2014.

²⁴ Ibid.

²⁵ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.